

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

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - 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>GOOD HOPE COUNTRY DAY SCHOOL, INC. DEFINED CONTRIBUTION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>065</u>
	1c Effective date of plan <u>01/01/1996</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>GOOD HOPE COUNTRY DAY SCHOOL, INC.</u> <u>6199 CONCORDIA</u> <u>KINGSHILL, VI 00850</u>	2b Employer Identification Number (EIN) <u>67-0253542</u>
	2c Plan Sponsor's telephone number <u>340-778-1974</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2023</u>	<u>SUE GIBBONS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2023</u>	<u>SUE GIBBONS</u>
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 135
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).	
6a(1) Total number of active participants at the beginning of the plan year	6a(1) 56
6a(2) Total number of active participants at the end of the plan year	6a(2) 54
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 78
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 132
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2
f Total. Add lines 6d and 6e	6f 134
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 127
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 1 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<p>A Name of plan <u>GOOD HOPE COUNTRY DAY SCHOOL, INC. DEFINED CONTRIBUTION PLAN</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>065</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOOD HOPE COUNTRY DAY SCHOOL, INC.</u></p>	<p>D Employer Identification Number (EIN) <u>67-0253542</u></p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-1624203</u>	<u>69345</u>	<u>407829</u>	<u>97</u>	<u>01/01/2022</u>	<u>12/31/2022</u>

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.

(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	

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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 1623598
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 4133364
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b 1874459
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 68215
	(4) Transferred from separate account.....	7c(4) 80433
	(5) Other (specify below)	7c(5) 3959
▶ OTHER CONTRACT ADDITIONS		
	(6) Total additions.....	7c(6) 152607
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2027066
e Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 276473
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account.....	7e(3) 112032
	(4) Other (specify below)	7e(4) 14964
▶ OTHER		
	(5) Total deductions.....	7e(5) 403469
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 1623597

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	
Specify nature of costs.			

Part IV Provision of Information

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

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

**SCHEDULE C
(Form 5500)**

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
GOOD HOPE COUNTRY DAY SCHOOL, INC. DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 065

C Plan sponsor's name as shown on line 2a of Form 5500
GOOD HOPE COUNTRY DAY SCHOOL, INC.

D Employer Identification Number (EIN)
67-0253542

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		5139	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARSHALL & STERLING WEALTH ADVISORS

110 MAIN STREET
POUGHKEEPSIE, NY 12601-6707

14-1759387

(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?
		6175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BERT SMITH & CO.

1090 VERMONT AVE ST 250
WASHINGTON, DC 20005

52-1094722

(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?
		14950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MARSHALL & STERLING WEALTH ADVISORS

110 MAIN STREET
POUGHKEEPSIE, NY 12601-6707

14-1759387

(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?
		6175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>GOOD HOPE COUNTRY DAY SCHOOL, INC. DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN)	<u>065</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOOD HOPE COUNTRY DAY SCHOOL, INC.</u>	D Employer Identification Number (EIN) <u>67-0253542</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)	5435
(2) Participant contributions.....	1b(2)	13937
(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)	
(9) Value of interest in common/collective trusts.....	1c(9)	
(10) Value of interest in pooled separate accounts.....	1c(10)	238860
(11) Value of interest in master trust investment accounts.....	1c(11)	213138
(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)	8512343
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6171322
(15) Other.....	1c(15)	1874459

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	10645034	8008058

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		

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	10645034	8008058
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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)	65854	
(B) Participants.....	2a(1)(B)	162204	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		228058
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)		
(F) Other.....	2b(1)(F)	68215	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		68215
(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)	95633	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		95633
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		20749
(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)		-1561860
c Other income	2c		3959
d Total income. Add all income amounts in column (b) and enter total	2d		-1145246
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1465376	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1465376
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	26354	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26354
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1491730
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2636976
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BERT SMITH & CO.

(2) EIN: 52-1094722

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		81306

		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?.....	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes 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 _____.

**GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
WITH INDEPENDENT AUDITOR'S REPORT
YEAR ENDED DECEMBER 31, 2022 AND 2021**



GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

1090 Vermont Avenue, NW
Suite 250
Washington, DC 20005
P.O. Box 2478
Kingshill, VI 00851
200 E Pratt Street
Suite 4100
Baltimore, MD 21202

To the Plan Administrator of
The Good Hope Country Day School Defined Contribution Retirement Plan

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

We have performed audit of the accompanying financial statements of the Good Hope Country Day School Defined Contribution Retirement 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 statement 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

T: 202.393.5600
TF: 1.855.479.0548
F: 202.393.5608

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bsmith@bertsmithco.com

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental Schedule H—Line 4a - Schedule of Delinquent Participant Contributions for the period of January 1, 2022 through December 31, 2022 and Schedule H Schedule H—Line 4i - Schedule of Assets (Held at End of Year) for the period of January 1, 2022 through December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Bert Smith & Co.

Washington, D.C.

October 12, 2023

GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS		
Investments		
Investments at Fair Value	\$ 7,316,763	\$ 9,708,778
Investments at Contract Value	691,295	916,884
Total Investments	8,008,058	10,625,662
 Receivables		
Employer Contributions	-	5,435
Employee Contributions	-	13,937
Total Receivables	-	19,372
 TOTAL ASSETS	\$ 8,008,058	\$ 10,645,034
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ 8,008,058	 \$ 10,645,034

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

GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDITIONS (LOSS):

Investment Income (Loss):	
Net Depreciation in Fair Value of Investments	\$ (1,541,111)
Interest	68,215
Dividends	95,633
Total Investment Loss	<u>(1,377,263)</u>
Contributions:	
Participants	162,204
Employer	65,854
Rollover	-
Total Contributions	<u>228,058</u>
Other Income	<u>3,959</u>
Total Loss	<u>(1,145,246)</u>

DEDUCTIONS:

Deductions to Net Assets Attributed to:

Benefits Paid to Participants	1,465,376
Administrative Fees	26,354
Total Deductions	<u>1,491,730</u>

Net Decrease (2,636,976)

Net Assets Available for Benefits

 Beginning of Year 10,645,034

Net Assets Available for Benefits

 End of Year \$ 8,008,058

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

**GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Good Hope Country Day School Defined Contribution Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code (the Code) covering all employees of the Good Hope Country Day School, Inc. (the School) who are eligible to participate through payroll deferral. The Plan was established on September 1, 1990 and was restated as of September 1, 1996.

The purpose of the Plan is to provide eligible employees and their beneficiaries with income for retirement and to provide financial protection in the event of their disability or death. Good Hope Country Day School, Inc. is the Plan Sponsor and Administrator. On July 13, 2013, St. Croix Country Day School, Inc. changed its name to the Good Hope Country Day School, Inc. This change has had no effect on the operation of the Plan and no amendment to the Plan has been made based on this change. The Plan has two service providers: Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA) and Fidelity Management Trust Company (Fidelity).

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As a result of the COVID-19 outbreak in the United States in March 2020, economic uncertainties have arisen which may negatively impact the statement of changes in net assets available for benefits in the upcoming year. At this point in time, the related duration and financial impact cannot be reasonably estimated.

Eligibility and Participation – In order to qualify for participation in the Plan, the employee must be considered an eligible employee. To be eligible, the participant must be at least eighteen (18) years of age and must have completed at least 1,000 or more hours of service during a twelve (12) month consecutive period.

Contributions – Each year, participants may contribute a percentage of their pretax annual compensation not to exceed the amount permitted under Section 415 of the Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and insurance investment contracts as investment options for participants.

The School contributes 3% of eligible participants annual compensation/gross pay to the Plan, not to exceed the limits imposed by section 415 and section 403(b) of the Internal Revenue Code. Contributions are made on a monthly basis.

Participants Accounts – Each participant's account is maintained separately and is credited with (a) the participant's contribution, (b) the School's contribution, as appropriate, and (c) an allocation of plan earnings or losses based thereon, excluding expenses paid by participants. Participants may direct the investments of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Rollovers – Rollovers represent transfers of eligible distributions from any other qualified plans through a direct transfer from such plan.

Vesting – Participants are immediately vested in their contributions plus any earnings thereon. Vesting in the employer's contribution portion of their accounts is based upon completion of three years of credited service or at normal retirement age, death, or disability, if earlier. A participant is 100% vested after three years of credited service.

Payment of Benefits – On termination of service due to death, disability or retirement, a participant (or beneficiary) may elect to receive distributions as either a single lump-sum payment or monthly, quarterly, or annual installments over a period of not more than the assumed life expectancy as set forth by the IRS. Participants have access to their deferrals and vested funds upon terminating their employment with the School, attaining the age of 59½ or becoming disabled.

A participant may receive a hardship withdrawal in accordance with IRS rules while still employed with the School, but their funds are subject to IRS penalty. They may also be subject to any early withdrawal penalties as required by the individual funds in which they invest.

Notes Receivable – Participants may borrow directly from TIAA from the funds held by TIAA a minimum of \$1,000 up to a maximum equal to lesser of (i) \$50,000 or (ii) 110% of the participant's TIAA Traditional Annuity accumulation account, whichever is less. These loans are not funded with Plan assets. However, the loans issued by TIAA are secured by the balance in the participants' accounts and bear interest rates based on Moody's corporate bond yield, with maturities through April 2021 as of December 2021. Principal and interest are paid by the participant directly to TIAA. The loans outstanding to TIAA amounted to \$516 and \$1,191 as of December 30, 2022 and 2021, respectively.

Forfeited Accounts – Forfeited accounts represent the non-vested funds of participants who terminate prior to being fully vested. The forfeited funds are used to reduce future employer contributions to the Plan, to restore previously forfeited balances and to pay administrative expenses of the Plan. In 2022 and 2021, employer contributions were reduced by \$-0- and \$21,981, respectively, from forfeited nonvested funds. On December 31, 2022 and 2021, the Plan's forfeited accounts totaled \$-0- and \$-0-, respectively

Reclassifications – Certain prior year amounts have been reclassified to conform to the current year's presentation.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting, whereby revenues are recognized when earned and expenses are recorded when incurred. The Plan adheres to accounting principles generally accepted in the United States of America.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value, except for guaranteed annuity contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

NOTE 2 – SUMMARY OF SIGNIFICATION ACCOUNTING POLICIES

(Continued)

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

Payment of Benefits – Benefits are recorded when paid.

Expenses – Certain expenses of maintaining the Plan are paid by the Plan unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Investment related expenses are included in the net appreciation of fair value of investments on the statement of changes in net assets available for benefits.

NOTE 3 – INVESTMENT INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN/TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 252.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments from participants disclosed in the accompanying financial statements and supplemental schedule, including investments from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends for the year ended December 31, 2021, was obtained or derived from information supplied to the plan administrator by TIAA and Fidelity (custodians/trustees of the Plan). The custodians/trustees have certified that the related data included in the accompanying financial statements and supplemental schedule is complete and accurate.

The Plan's independent accountants did not perform auditing procedures on the information noted above, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedules.

NOTE 4 – FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

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

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

Level 2: Inputs to the valuation methodology include:

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

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

NOTE 4 – FAIR VALUE MEASUREMENTS*(Continued)*

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

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

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

Registered Investment Company (TIAA) – These registered investments are funded through variable annuity contracts. The underlying investments are typically mutual funds that invest principally in equity securities, fixed income instruments and short-term investments in accordance with each portfolio's investment objectives. Account investments and fund holdings are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing minus contractual charges. Money market account holdings are generally valued at amortized cost.

Pooled Separate Account (TIAA Real Estate Account) – An insurance separate account of TIAA investing mainly in real estate and real estate-related investments. The value of the units held in the pooled separate account is based on the market value of the underlying real estate holdings which are valued principally utilizing external appraisals.

Registered Company (Fidelity) – These registered investments represent mutual funds which are pools of assets commingled together to benefit from professional management and through economics of scale. Mutual funds are stated at fair value determined primarily from quoted prices in the market in which they are traded. Money market account holdings are generally valued at amortized cost.

Guaranteed Investment Contract (TIAA) – This investment contract is non-benefit responsive and measured at fair value, which approximates contract value. The guaranteed investment contract is valued at fair value by discounting the cash flow values of similar instruments taken into consideration the creditworthiness of the issuer. The minimum guaranteed interest rate during the period/phase is normally 3%, but between 1% and 3% for some contracts.

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of December 31, 2022 and 2021:

2022	Level 1	Level 2	Level 3	Total
Registered Investment Company (TIAA)	\$ -	\$ 5,904,137	\$ -	\$5,904,137
Pooled Separate Account	-	213,138	-	213,138
Registered Investment Company (Fidelity)	267,185	-	-	267,185
Guaranteed Investment Contract	-	-	932,303	932,303
Total Assets at Fair Value	\$ 267,185	\$ 6,117,275	\$ 932,303	\$7,316,763

2021	Level 1	Level 2	Level 3	Total
Registered Investment Company (TIAA)	\$ -	\$ 7,836,361	\$ -	\$7,836,361
Pooled Separate Account	-	238,860	-	238,860
Registered Investment Company (Fidelity)	675,982	-	-	675,982
Guaranteed Investment Contract	-	-	957,575	957,575
Total Assets at Fair Value	\$ 675,982	\$ 8,075,221	\$ 957,575	\$9,708,778

NOTE 4 – FAIR VALUE MEASUREMENTS*(Continued)***Level 3 Gains and Losses**

The table below sets forth a summary of changes in the fair value of the Plan’s Level 3 investment assets for the year ended December 31, 2022.

Non-benefit Responsive	
Balance, Beginning of Year	\$ 957,575
Investment Earnings	39,364
Dispositions	(33,038)
Net Transfers In and Out of Level 3*	(31,598)
Balance, End of Year	\$ 932,303

*Net transfers in and out of Level 3 reflect fund to fund transfers between investments by participants and are included in benefits paid to participants in the statement of changes in net assets available for benefits for the year ended December 31, 2022.

NOTE 5 – GUARANTEED ANNUITY CONTRACTS

The Plan offers the option to invest in fully benefit-responsive guaranteed annuity contracts with TIAA. The guaranteed annuity contracts provide for full participant-directed liquidity and are reported at contract value. The TIAA Annuity contracts are presented on the face of the statement of net assets available for benefits at contract value.

The contract value equals the accumulated cash contributions, interest credited to the Plan’s contract, and transfers in or out, as applicable, less withdrawals. TIAA maintains the contributions in a general account. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. The discretionary rate applied to contributions received during the fiscal year may vary from the discretionary rate applied to account balances as the end of the prior fiscal year. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with the TIAA Annuity account’s historical credit rates. Based on its assumptions and analysis, TIAA has concluded that contract value approximates fair value.

Contributions are backed by the claims-paying ability of TIAA, which has been placed among the highest rated insurance companies in the U.S. by three of four leading insurance company rating agencies. Supporting the safety and stability of the TIAA Annuity are the liquidity restrictions included in retirement annuities and certain other contracts. This helps facilitate TIAA’s ability to invest a port of the general account portfolio in long-term assets that have the potential to contribute to the general account’s growth and to the financial strength and stability that back the TIAA Annuity’s guaranteed returns.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurement at the reporting date. The guaranteed investment contract is classified as a Level 3 investment.

NOTE 5 – GUARANTEED ANNUITY CONTRACTS*(Continued)*

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, the contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As described above, the contract value, as reported to the Plan at December 31, 2022 and 2021, approximates fair value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The fair value for 2022 and 2021 assumed that the deferral period was being waived and that immediate lump sum payment of proceeds was available. The fair value of the guaranteed investment contracts at December 31, 2022 and 2021 was \$691,295 and \$916,884, respectively. The effective credited interest rate is set monthly and is effective on the first day of the month.

The guaranteed minimum interest rate and the amounts in excess of the guaranteed interest rates make up the crediting interest rate. The average crediting rate for TIAA traditional annuity was 4.24% for the year ended December 31, 2022.

Certain events limit the ability of the Plan to transact at contract value with TIAA. Such events include the following: (1) amendments to the plan document (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any provisions of ERISA. Furthermore, certain events would allow TIAA to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include: 1) an uncured breach of the Plan's investment guidelines, 2) a material amendment to the contract without the issuer's consent, 3) a violation of a material obligation under the contract, or 4) a material misrepresentation.

The plan administrator does not believe that the occurrence of any such events, which would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the School, as 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, with advance notice. In the event of Plan termination, participants remain fully vested in their employer contributions.

NOTE 7 – TAX STATUS OF PLAN

The Internal Revenue Service (IRS) is currently not issuing determination letters to 403(b) plans. The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The Plan Administrator believes the plan is currently designed and being operated in compliance with the applicable requirements of the code to maintain the tax exempt status for Plan participants under Section 403(b). The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 – TAX STATUS OF PLAN*(Continued)*

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Good Hope Country Day School, Inc. is the sponsor of the Plan, and as such, executes the normal duties associated therewith. Costs incurred for audit, legal, and other administrative functions are paid by the Plan sponsor on behalf of the Plan.

TIAA and Fidelity were the Plan's custodians/trustees and record keepers. Any transactions with custodians/trustees, including investment management and account services, qualify as party-in-interest transactions. The Plan paid \$26,354 in Administrative fees to TIAA and Fidelity Investments for the year ended December 31, 2022. All of these party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

NOTE 9 – RISKS AND UNCERTAINTIES

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

NOTE 10 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2023, the date the financial statements were available to be issued and revealed no material events or transactions which require additional adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL SCHEDULE

GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
SCHEDULE H—LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2022

EIN: 67-0253542

Plan No. 065

Participant Contributions Transferred Late to Plan

Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 6,831	01/14/2022	01/27/2022		\$ -	\$ 6,831	\$ -	\$ -
7,581	02/15/2022	02/28/2022		-	7,581	-	-
7,081	03/15/2022	03/31/2022		-	7,081	-	-
7,081	04/14/2022	04/30/2022		-	7,081	-	-
7,011	05/16/2022	05/25/2022		-	7,011	-	-
6,843	06/15/2022	06/30/2022		-	6,843	-	-
6,343	07/15/2022	07/27/2022		-	6,343	-	-
6,363	08/15/2022	08/26/2022		-	6,363	-	-
6,693	09/15/2022	09/30/2022		-	6,693	-	-
6,493	10/14/2022	10/31/2022		-	6,493	-	-
6,493	11/15/2022	11/30/2022		-	6,493	-	-
6,493	12/15/2022	12/21/2022		-	6,493	-	-
\$ 81,306				\$ -	\$ 81,306	\$ -	\$ -

Note: All employee contributions have been remitted to the Plan.

GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
SCHEDULE H—LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2022

Plan Name: Good Hope Country Day School Defined Contribution Retirement Plan Plan Number: 065
For Plan Year (beginning/ending): 01/01/2022 to 12/31/2022 EIN: 67-0253542

(a)	(b)	(c)	(d)
(a)	(b)	(c)	(d)
(a)	(b)	(c)	(d)
(a)	(b)	(c)	(d)
	* Insurance Company General Contract	* TIAA Traditional Non-Benefit Responsive	\$ 932,302
	* Insurance Company General Contract	* TIAA Stable Value	1
	* Insurance Company General Contract	* TIAA Traditional Benefit Responsive	690,909
	* Insurance Company General Contract	* TIAA Traditional Benefit Responsive 2	386
	Total Insurance Company General Contract		1,623,598
	* Pooled Separate Account	TIAA Real Estate	213,138
	Total Pooled Separate Account		213,138
	Registered Investment Company (TIAA):		
	* Registered Investment Company	CREF Bond Market R1	134,702
	* Registered Investment Company	CREF Equity Index R1	226,098
	* Registered Investment Company	CREF Global Equities R1	453,008
	* Registered Investment Company	CREF Growth R1	381,427
	* Registered Investment Company	CREF Inflation-Linked Bond R1	120,435
	* Registered Investment Company	CREF Money Market R1	165,478
	* Registered Investment Company	CREF Social Choice R1	634,546
	* Registered Investment Company	CREF Stock R1	1,431,922
	* Registered Investment Company	TIAA Access Int'l Equity T4	58,594
	* Registered Investment Company	TIAA Access Large-Cap Val T4	7,968
	* Registered Investment Company	TIAA Access Mid-Cap Val T4	101,810
	* Registered Investment Company	TIAA-CREF Core Bond Plus-Inst	72,791
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2015-Inst	372,042
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2020-Inst	206,333
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2025-Inst	143,064
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2030-Inst	409,760
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2035-Inst	145,668
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2040-Inst	161,299
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2045-Inst	49,202
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2050-Inst	82,612
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2055-Inst	14,224
	* Registered Investment Company	TIAA-CREF Lifecyle Idx 2060-Inst	5,411
	* Registered Investment Company	American Funds Balanced FD R6	17,532
	* Registered Investment Company	Blackrock High Yield BD Portfolio K	6
	* Registered Investment Company	Vanguard Infl Protect SEC ADM	26,528
	* Registered Investment Company	Vanguard 500 IDX ADM	95,194
	* Registered Investment Company	T. Rowe Price Blue Chip GR I	3,921
	* Registered Investment Company	T. Rowe Health Sciences I	63,555
	* Registered Investment Company	VIRTUS KAR MID CAP GR R6	17,957
	* Registered Investment Company	Janus Henderson Triton N	57,969
	* Registered Investment Company	Vanguard Intl Growth ADM	18,306
	* Registered Investment Company	Vanguard Real Estate Idx ADM	20,539
	* Registered Investment Company	TIAA Access Equity Index T4	625
	* Registered Investment Company	TIAA Access Sm-Cap Bl Idx T4	38,373
	* Registered Investment Company	TIAA Access Real Estate Secs T4	14,858
	* Registered Investment Company	TIAA Access Lg-Cap GR T4	63,952
	* Registered Investment Company	TIAA Access Core Bond Plus T4	3,177
	* Registered Investment Company	TIAA Access Lifecycle 2010 T4	7,616
	* Registered Investment Company	TIAA Access Lifecycle 2020 T4	6,409
	* Registered Investment Company	TIAA Access Lifecycle 2030 T4	2,144
	* Registered Investment Company	TIAA Access Lifecycle 2035 T4	21,001
	* Registered Investment Company	TIAA Access Lifecycle 2040 T4	30,319
	* Registered Investment Company	TIAA Access Lifecycle 2045 T4	3,239
	* Registered Investment Company	TIAA Access Lifecycle 2050 T4	12,523
	Total Registered Investment Company (TIAA)		5,904,137

GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
SCHEDULE H—LINE 4i – SCHEDULE OF ASSETS *(Continued)*
(HELD AT END OF YEAR)
DECEMBER 31, 2022

Plan Name: Good Hope Country Day School Defined Contribution Retirement Plan	Plan Number: 065
For Plan Year (beginning/ending): 01/01/2022 to 12/31/2022	EIN: 67-0253542

(a)	(b) Identity of issues, borrow, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Current Value
	* Registered Investment Company	Fidelity Growth & Income	94,281
	* Registered Investment Company	Fidelity Blue Chip Growth	26,503
	* Registered Investment Company	Fidelity Equity Dividend Income	18,920
	* Registered Investment Company	Fidelity Freedom 2025	108,565
	* Registered Investment Company	Fidelity Freedom 2045	18,916
	Total Registered Investment Company (Fidelity)		267,185
	Total Assets		\$ 8,008,058

Note: All Plan investments are participant directed, and therefore, no disclosure is required on the cost basis of investments held.

*Represents permitted party in interest

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

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____

- 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 GOOD HOPE COUNTRY DAY SCHOOL, Inc. DEFINED CONTRIBUTION PLAN	1b Three-digit plan number (PN) ▶	065
	1c Effective date of plan	01/01/1996
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) GOOD HOPE COUNTRY DAY SCHOOL, Inc. 6199 CONCORDIA Kingshill VI 00850	2b Employer Identification Number (EIN)	67-0253542
	2c Plan Sponsor's telephone number	340-778-1974
	2d Business code (see instructions)	611000

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

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

SIGN HERE	<i>Susan Gibbons</i>	10/10/23	Susan Gibbons
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Susan Gibbons</i>		Susan Gibbons
	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)

GOOD HOPE COUNTRY DAY SCHOOL
DEFINED CONTRIBUTION RETIREMENT PLAN
SCHEDULE H—LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2022

EIN: 67-0253542

Plan No. 065

Participant Contributions Transferred Late to Plan

Amount Withheld	Date Withheld	Date Remitted	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 6,831	01/14/2022	01/27/2022		\$ -	\$ 6,831	\$ -	\$ -
7,581	02/15/2022	02/28/2022		-	7,581	-	-
7,081	03/15/2022	03/31/2022		-	7,081	-	-
7,081	04/14/2022	04/30/2022		-	7,081	-	-
7,011	05/16/2022	05/25/2022		-	7,011	-	-
6,843	06/15/2022	06/30/2022		-	6,843	-	-
6,343	07/15/2022	07/27/2022		-	6,343	-	-
6,363	08/15/2022	08/26/2022		-	6,363	-	-
6,693	09/15/2022	09/30/2022		-	6,693	-	-
6,493	10/14/2022	10/31/2022		-	6,493	-	-
6,493	11/15/2022	11/30/2022		-	6,493	-	-
6,493	12/15/2022	12/21/2022		-	6,493	-	-
\$ 81,306				\$ -	\$ 81,306	\$ -	\$ -

Note: All employee contributions have been remitted to the Plan.

67-0253542

Federal Statements
GOOD HOPE COUNTRY DAY SCHOOL, Inc. DEFINED
Plan: 065

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	See Attachment		\$	\$