

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PROVIDENT REALTY ADVISORS, INC. 401(K) SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/15/2018
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) PROVIDENT REALTY ADVISORS INC. 10210 N CENTRAL EXPY SUITE 300 DALLAS, TX 75231
2b	Employer Identification Number (EIN) 75-2784992
2c	Plan Sponsor's telephone number 972-385-4100
2d	Business code (see instructions) 531390

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.	10/14/2024	LESLIE DRAPER
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE FIDUCIARY STUDIO 3 HOLLAND STREET ERIE, PA 16507	3b Administrator's EIN 45-1739578 3c Administrator's telephone number 866-497-5501
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	5 228
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 184 6a(2) 172 6b 0 6c 72 6d 244 6e 0 6f 244 6g(1) 208 6g(2) 237 6h 46
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:
 2E 2F 2G 2J 2K 2S 3H

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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PROVIDENT REALTY ADVISORS, INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROVIDENT REALTY ADVISORS INC.	D Employer Identification Number (EIN) 75-2784992	

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
TRANSAMERICA LIFE INSURANCE CO

(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
39-0989781	86231	811079		01/01/2023	12/31/2023

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
	3549

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
DEFINITI LLC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3549		5

(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	809993

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	245711
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c Additions: (1) Contributions deposited during the year	7c(1)	59729	
	7c(2)		
	7c(3)	3254	
	7c(4)	7199	
	7c(5)	35714	

▶ **FORFEITURE CREDITS**

(6) Total additions	7c(6)	105896
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d Total of balance and additions (add lines 7b and 7c(6))	7d	351607
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)	4524	
	7e(2)	333	
	7e(3)	1193	
	7e(4)	27186	

▶ **FEES FORFEITURES**

(5) Total deductions	7e(5)	33236
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	318371
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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)	
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 ☐ 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	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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan PROVIDENT REALTY ADVISORS, INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROVIDENT REALTY ADVISORS INC.	D Employer Identification Number (EIN) 75-2784992

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).....

X

YesNo
- 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
	TRANSAMERICA LIFE INSURANCE COMPANY
	39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	10632	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RAYMOND JAMES FINANCIAL SERVICES AD

59-2937883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR - PLAN	27111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEFINITI, LLC

85-0833363

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	6086	Yes ☒ No ☐	Yes ☒ No ☐	68	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:	PHILLIP C MAY PC	b EIN:	80-0794417
c Position:	AUDITOR		
d Address:	PO BOX 110447 CARROLTON, TX 75011	e Telephone:	214-354-2658

Explanation: RETIRED

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
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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
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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
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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
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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
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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)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BLACKROCK EQUITY INDEX RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 39-0989781-997
a	Plan name	BLACKROCK U.S. DEBT INDEX RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-001
a	Plan name	BLACKROCK EAFE EQUITY INDEX RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-054
a	Plan name	BLACKROCK RUSSELL 2000 INDEX RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-055
a	Plan name	MYWAYRETIREMENT INDEX 2030 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-058
a	Plan name	MYWAYRETIREMENT INDEX 2040 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-059
a	Plan name	MYWAYRETIREMENT INDEX 2060 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-061
a	Plan name	MYWAYRETIREMENT INDEX 2050 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-066
a	Plan name	MYWAYRETIREMENT INDEX RETIREMENT RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-067
a	Plan name	MYWAYRETIREMENT INDEX 2025 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-068
a	Plan name	MYWAYRETIREMENT INDEX 2035 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-069
a	Plan name	MYWAYRETIREMENT INDEX 2045 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-070

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MYWAYRETIREMENT INDEX 2055 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-071
a	Plan name	MYWAYRETIREMENT INTL VALUE RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-241
a	Plan name	BLACKROCK US TIPS INDEX RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-357
a	Plan name	MYWAYRETIREMENT MULTISECTOR BOND RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-365
a	Plan name	MYWAYRETIREMENT MID CAP GROWTH RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-366
a	Plan name	MYWAYRETIREMENT LARGE CAP GROWTH RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-367
a	Plan name	MYWAYRETIREMENT INDEX 2065 RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-371
a	Plan name	MYWAYRETIREMENT SMALL CAP VALUE RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-372
a	Plan name	MYWAYRETIREMENT SMALL CAP GROWTH RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-373
a	Plan name	MYWAYRETIREMENT INTERNAT GROWTH RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-374
a	Plan name	MYWAYRETIREMENT CORE BOND RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-375
a	Plan name	MYWAYRETIREMENT BALANCED RET OPT	
b	Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 82-5217478-376

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name BLACKROCK MID CAP EQUITY INDEX RET OPT**b** Name of plan sponsor TRANSAMERICA LIFE INSURANCE COMPANY**c** EIN-PN 82-5217478-377**a** Plan name MYWAYRETIREMENT COMMODITIES RET OPT**b** Name of plan sponsor TRANSAMERICA LIFE INSURANCE COMPANY**c** EIN-PN 82-5217478-378**a** Plan name MYWAYRETIREMENT GLOBAL BOND RET OPT**b** Name of plan sponsor TRANSAMERICA LIFE INSURANCE COMPANY**c** EIN-PN 82-5217478-379**a** Plan name MYWAYRETIREMENT REAL ESTATE RET OPT**b** Name of plan sponsor TRANSAMERICA LIFE INSURANCE COMPANY**c** EIN-PN 82-5217478-380**a** Plan name MYWAYRETIREMENT LARGE CAP VALUE RET OPT**b** Name of plan sponsor TRANSAMERICA LIFE INSURANCE COMPANY**c** EIN-PN 82-5217478-381**a** Plan name MYWAYRETIREMENT MID CAP VALUE RET OPT**b** Name of plan sponsor TRANSAMERICA LIFE INSURANCE COMPANY**c** EIN-PN 82-5217478-382**a** Plan name MYWAYRETIREMENT EMERGING MARKETS RET OPT**b** Name of plan sponsor TRANSAMERICA LIFE INSURANCE COMPANY**c** EIN-PN 82-5217478-383**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 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 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		
A Name of plan <u>PROVIDENT REALTY ADVISORS, INC. 401(K) SAVINGS 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>PROVIDENT REALTY ADVISORS INC.</u>	D Employer Identification Number (EIN) <u>75-2784992</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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		0
(3) Other	1b(3)		0
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)		0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5677326	8396327
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	245711	20664
(15) Other	1c(15)		

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	5923037	8416991
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	5923037	8416991

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)	459031	
(B) Participants	2a(1)(B)	1461141	
(C) Others (including rollovers)	2a(1)(C)	468163	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2388335
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)		
(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)		1143807
c Other income	2c		-136
d Total income. Add all income amounts in column (b) and enter total	2d		3532006

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	994224	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		994224
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	43828	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		43828
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1038052

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2493954
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: **GARRETY AND ASSOCIATES CPA, LLC**

(2) EIN: **72-1510008**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	109603
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) 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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PROVIDENT REALTY ADVISORS, INC. 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROVIDENT REALTY ADVISORS INC.		D Employer Identification Number (EIN) 75-2784992
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): 39-0898781		
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) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

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)

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)

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

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

16a**16b**

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method
☐ "Prior year" ADP test
☐ "Current year" ADP test
☐ N/A

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

Provident Realty Advisors, Inc. 401(k) Savings Plan

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

Year ended December 31, 2023



Provident Realty Advisors, Inc. 401(k) Savings Plan
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GARRETY & ASSOCIATES, L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Provident Realty Advisors, Inc. 401(k) Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements

We have performed an audit of the accompanying financial statements of Provident Realty Advisors, Inc. 401(k) Savings 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, 2023, and the related statement of changes in net assets available for benefits for the year then ended, 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 2023 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, 2023, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion on the 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section—

- the amounts and disclosures in the 2023 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 2023 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2023 Financial Statements

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 2023 Financial Statements section of our report. We are required to be independent of Provident Realty Advisors, Inc. 401(k) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2023 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 Provident Realty Advisors, Inc. 401(k) Savings 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 2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 Financial Statements 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 Provident Realty Advisors, Inc. 401(k) Savings 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 Provident Realty Advisors, Inc. 401(k) Savings 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 2023 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

2023 Supplemental Schedules Required by ERISA

The supplemental schedules described in the table of contents of the financial statements are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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.

To the Administrative Committee of
the Provident Realty Advisors, Inc. 401(k) Savings Plan

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

Auditor's Report on the 2022 Financial Statements

The financial statements of Provident Realty Advisors, Inc. 401(k) Savings Plan as of December 31, 2022, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 10, 2023, indicated that in their opinion (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2022 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



October 11, 2024

Provident Realty Advisors, Inc. 401(k) Savings Plan
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments		
Pooled separate accounts at fair value	\$ 8,098,621	\$ 5,677,326
Stable value funds valued at contract value	<u>318,370</u>	<u>245,711</u>
Total investments	<u>8,416,991</u>	<u>5,923,037</u>
Total Assets	8,416,991	5,923,037
LIABILITIES		
Accounts payable or other liabilities	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,416,991</u></u>	<u><u>\$ 5,923,037</u></u>

Provident Realty Advisors, Inc. 401(k) Savings Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2023

INCOME

Investment income	
Net investment gain (loss) from pooled separate accounts	\$ 1,140,281
Net investment gain (loss) from stable value fund	3,254
Interest	136
Total investment income (loss)	<u>1,143,671</u>
Contributions	
Employer	459,031
Participant	1,461,141
Other income (including rollovers)	468,163
Total contributions	<u>2,388,335</u>
Total income (loss)	3,532,006

EXPENSES

Benefits paid to participants	994,224
Administrative fees and commissions	43,828
Total expenses	<u>1,038,052</u>
Net Increase (decrease) in net assets	2,493,954

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of the year	<u>5,923,037</u>
End of year	<u><u>\$ 8,416,991</u></u>

Provident Realty Advisors, Inc. 401(k) Savings Plan
NOTES TO FINANCIAL STATEMENTS

A - DESCRIPTION OF PLAN

The following description of the Provident Realty Advisors, Inc. 401(k) Savings Plan (the “plan”) is provided for general information purposes only. The plan sponsor is Provident Realty Advisors, Inc. Participants should refer to the Summary Plan Description (SPD) for additional information.

General

The plan was adopted effective June 15, 2018 and conforms to Federal regulations and is a qualified defined contribution plan covering all eligible employees of Provident Realty Advisors, Inc. and affiliates (the Company, see note J.) who have completed three months of employment. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Definiti, LLC is the third-party administrator for the plan and Transamerica Life Insurance Company the custodian. The custodian of the plan has been designated to hold the assets of the plan for the benefit of plan participants and their beneficiaries in accordance with the terms of this plan. The trust fund established by the plan's custodian will be the funding medium used for the accumulation of assets from which plan benefits will be distributed.

Allocations to participant accounts

Assets of the plan are allocated to participant accounts based on specific contributions made by each participant and respective matches made by the Company. Investment income (loss) is credited to each account based on appreciation (depreciation) of specific assets held in each participants account and any earnings thereon.

Contributions

In order to allow participants the opportunity to increase their retirement income, each participant may, in accordance with nondiscriminatory procedures established by the administrator, elect to make employee voluntary contributions to the plan. Such contributions must generally be paid to the custodian within a reasonable period of time after being received by the employer. There are two types of salary deferrals: Pre-Tax 401(k) deferrals and Roth 401 (k) deferrals.

The Company will make a fixed matching contribution on behalf of eligible participants who make salary deferrals to the plan. The matching contribution will equal 33% of salary deferrals made by the participants during the plan year not to exceed six percent of eligible plan compensation. The Company made matching contributions of \$459,031 in 2023.

Provident Realty Advisors, Inc. 401(k) Savings Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

A - DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their contributions, their portion of the safe harbor contributions plus actual earnings thereon.

With regard to any employer matching contributions the participant's portion of the contribution plus actual earnings thereon vest at 25% after the first year of service and increases by 25% each year until fully vested after four years. A plan participant earns a year of service for purposes of vesting if they are credited with 1000 hours of service during the plan year.

Payment of benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equivalent to the value of the vested interest in their account.

For termination of service due to other reasons, participants with vested account balances of more than \$5,000 as of distribution date may receive a lump sum distribution from the plan or may elect to rollover all (or any portion) of their distribution to an IRA or to another qualified plan. If the participant's total vested account balance under the plan is \$5,000 or less as of the distribution date, they will be eligible to receive a distribution of their entire vested account balance in a lump sum. They may elect to receive their distribution in cash or may elect to rollover their distribution to an IRA or to another qualified plan. If the participant's total vested benefit under the plan is less than \$5,000 as of the distribution date and they do not consent to a distribution of their vested account balance, their vested benefit automatically will be rolled over to an IRA selected by the plan Administrator. If their total vested benefit exceeds \$5,000, no distribution will be made from the plan without their consent.

A participant may receive a hardship distribution from their vested account balances, if the distribution is (1) on account of medical expenses incurred by the participant, their spouse or dependents, (2) to purchase (excluding mortgage payments) a principal residence of the participant, (3) for the payment of tuition, related educational fees and room and board for the next twelve months of post-secondary education for the participant, their spouse, children or dependents, (4) needed to prevent eviction of the participant from their principal residence or foreclosure upon the mortgage of the participant's principal residence, (5) payments for burial or funeral expenses of their deceased parent, spouse, children or other dependents, or (6) expenses for the repair of damage to their principal residence that would qualify for the casualty deduction under the Internal Revenue Code or (7) to pay expenses and losses (including loss of income) incurred due to a federally-declared disaster.

Forfeitures

The plan may use any forfeitures to pay plan expenses or to reduce the employer's matching contribution or to reduce amounts otherwise required to be contributed to the plan by the employer. During the current year, the plan had forfeitures of \$35,714 and \$27,122 were used to pay plan expenses. As of December 31, 2023, there were no unallocated forfeitures.

Provident Realty Advisors, Inc. 401(k) Savings Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

A - DESCRIPTION OF PLAN (Continued)

Investment options

The plan allows a participant to direct investments of the balance of their participant account. If a participant does not elect to direct the investment of their account, then the account will be invested in accordance with the default investment alternatives established under the plan.

Plan termination

Although it has not expressed any intent to do so, the Company 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 accounts. Because the plan is a defined contribution plan, it is not covered by Pension Benefit Guaranty Coverage insurance.

Notes receivable from participants

The Plan does not permit participants to take a loan from the Plan.

Participant rollovers

Participants are allowed to transfer or rollover funds into the plan from other qualified plans.

Administrative expenses

Any fees related to the administration of the plan or associated with the investment of plan assets may be paid by the plan or by the plan sponsor. If the sponsor does not pay plan-related expenses, such fees or expenses will generally be allocated to the accounts of participants either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the plan.

B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following summary of the plan's significant accounting policies is presented to assist in understanding the financial statements. The financial statements and notes are representations of the plan's management, who is responsible for their integrity and objectivity.

Basis of presentation and use of estimates

The plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The accrual basis of accounting requires the use of estimates and assumptions that affect the assets, liabilities, revenues and expenses reported in the financial statements, as well as amounts included in the notes thereto, including discussion and disclosure of contingent liabilities. Although the plan uses its best estimates and judgments, actual results could differ from these estimates as future confirming events occur.

Contributions

Contributions from employees are recorded in the period in which they are deducted from participant earnings. Company contributions may be recorded when received or accrued.

Provident Realty Advisors, Inc. 401(k) Savings Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Plan expenses and payments of benefits

Plan expenses and the payment of benefits are recorded when paid by the plan.

Fair value measurements

The framework for measuring fair value is 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 price 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 are described as follows:

Level 1

Fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2

Fair values are based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly.

Level 3

Fair values are based on at least one significant unobservable input for the asset.

The methods and significant assumptions used to estimate fair values of financial instruments are as follows.

<u>Asset type</u>	<u>Proposed level</u>	<u>Rationale</u>
Pooled separate funds	Level 2	Fair values are based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly.

Following is a summary of plan assets measured at fair value.

INPUT LEVELS BY INVESTMENT CATEGORY

As of December 31, 2023

<u>Investment category</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 8,098,621	\$ -	\$ 8,098,621
Total	\$ -	\$ 8,098,621	\$ -	\$ 8,098,621

INPUT LEVELS BY INVESTMENT CATEGORY

As of December 31, 2022

<u>Investment category</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 5,677,326	\$ -	\$ 5,677,326
Total	\$ -	\$ 5,677,326	\$ -	\$ 5,677,326

For the year ended December 31, 2023, the plan had net realized/unrealized gain (loss) from investments of \$1,140,281. The carrying value stable value funds and receivables from the employer and participants, approximates their fair value as of December 31, 2023 and 2022.

Provident Realty Advisors, Inc. 401(k) Savings Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

C - INVESTMENTS

Pooled separate accounts

Pooled separate accounts (PSAs), by definition, are investment vehicles established and maintained by an insurance company. PSAs may only be accessed through the purchase of an insurance contract such as a group annuity. A pooled separate account is not a separate legal entity; it is part of the insurance company that established it. They are regulated by state insurance laws and are subject to review by state examiners on a regular basis. Pooled separate accounts are valued at fair market value.

Stable Value Core Option

Stable value core option is an investment that seeks to preserve principal and provide consistent returns and liquidity. Stable value investment choices seek capital preservation, but they do carry potential risks. Stable value investment choices may be comprised of or may invest in annuity or investment contracts issued by life insurance companies, banks, and other financial institutions. Stable value investment choices are subject to the risk that the insurance company or other financial institution will fail to meet its commitments, and are also subject to general bond market risks, including interest rate risk and credit risk.

The Transamerica stable value investment choices are backed by the general account of Transamerica Life Insurance Company, which declare rates and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the FDIC or any other government agency. For financial statement purposes the investments are reported at contract value.

D - TAX STATUS

Provident Realty Advisors, Inc. 401(k) Savings Plan is based upon a volume submitter plan instrument from America's 401(k) LLC which received an IRS advisory letter dated June 30, 2020. The volume submitter plan instrument has been updated for legislative and regulatory changes. Management committee of Definiti, LLC and plan administrator believe that the plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code. Therefore, no provision for state or federal income taxes has been included in the plan's financial statements.

Provident Realty Advisors, Inc. 401(k) Savings Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

E - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2023 and 2022.

Accordingly, Transamerica Life Insurance Company, the Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2023, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023.

F - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the accompanying financial statements	\$ 8,416,991	\$ 5,923,037
Difference to reconcile	<u>-</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$ 8,416,991</u>	<u>\$ 5,923,037</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2023.

Changes in net assets available for benefits per the accompanying financial statements	\$ 2,493,954
Difference to reconcile	<u>-</u>
Changes in net assets available for benefits per Form 5500	<u>\$ 2,493,954</u>

G - PROHIBITED TRANSACTIONS

As required by ERISA Section 2510.3-102, the Plan sponsor is required to segregate employee contributions and loan repayments to the Plan from its general assets as soon as practicable. The Plan had contributions totaling \$109,603 all of which represented employee salary deferrals and loan repayments, that were not remitted timely. These contributions are considered prohibited transactions.

The Company will calculate lost investment earnings and file Form 5330, as applicable, and expects to compensate the plan for the lost earnings in 2024.

Provident Realty Advisors, Inc. 401(k) Savings Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

H - CONCENTRATIONS OF RISK

The following is a summary of financial instruments subject to credit risk at year end.

Investment securities

The plan's investments are not insured by agencies of the United States government. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits. The maximum amount of loss due to credit risk that the plan would incur if parties to the financial instruments failed to perform according to the terms of the contracts and the collateral, if any proved to be of no value, would approximate the balances that appear on the Statement of Net Assets Available for Benefits.

General business economy

Certain events could limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the 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 events which would limit the plan's ability to transact at contract value with participants are probable of occurring.

I - PARTY IN INTEREST TRANSACTIONS

A related party is any party who can control or significantly influence plan management or operating policies. Parties-in-interest are defined under DOL Regulations as any employees of the plan, fiduciaries of the plan, service providers to the plan, the employer whose employees are covered by the plan, and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third party administrator (the TPA), investment managers, investment advisors, legal counsel, and plan auditor.

The plan sponsor pays directly any other fees related to the operation of the plan. Fees incurred by the plan for the investment management services are included in the net appreciation in fair value of the related investment, as they are paid using investment earnings rather than a direct payment.

During 2023, the plan paid \$43,828 in direct payments to parties-in-interest for administration and investment advisory fees, as allowed by ERISA.

Provident Realty Advisors, Inc. 401(k) Savings Plan
NOTES TO FINANCIAL STATEMENTS (Continued)

J - SINGLE EMPLOYER PLAN (RELATED PARTIES)

As defined in ERISA, Single Employer plans are generally established by the management of one employer (or a controlled group of corporations) either unilaterally or through collective bargaining, and the employer is the plan sponsor. By contrast, multiemployer plans are normally negotiated and established pursuant to a collective bargaining agreement between an associated group of employers, such as in the construction trades, and the union representing the employees.

For financial reporting purposes, Provident Realty Advisors, Inc. 401(k) Savings Plan is considered a single employer plan which includes the employees of the following companies.

Provident Realty Advisors, Inc.
Provident General Contractors LLC

PRA-SE Construction, LP
Integris Solutions LLC.

K - SUBSEQUENT EVENTS AND DATE OF MANAGEMENT'S REVIEW

The plan's management has evaluated subsequent events through date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplemental Information

Provident Realty Advisors, Inc. 401(k) Savings Plan
Form 5500, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
At end of year December 31, 2023

EIN: 75-2784992

Plan 001

Participant Contributions Transferred Late to Plan		Total that Constitute Non-exempt Prohibited Transactions			Total Fully Corrected
Check here if Late Participant Loan Repayments are included []	Plan Year	Contributions not corrected	Contributions corrected outside VFCP	Contributions Pending Correction in VFCP	Under VFCP and PTE 2002- 51
\$ 109,603	2023	\$ 109,603	\$ -	\$ -	\$ -

Provident Realty Advisors, Inc. 401(k) Savings Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

EIN: 75-2784992

Plan #

001

(a)	(b) Identity of Issue	(c) Description of investments	(d) Cost	(e) Current Value
Stable Value Funds (SVF)				
*	Transamerica Stable Value Core Option	SVF	N/A	\$ 318,370
	Total stable value funds			<u>318,370</u>
Pooled Separate Accounts (PSA)				
	BlackRock EAFE Equity Index Ret Opt	PSA	N/A	18,214
	BlackRock Equity Index Ret Opt	PSA	N/A	352,088
	BlackRock Mid Cap Equity Index Ret Opt	PSA	N/A	92,668
	BlackRock Russell 2000 Index Ret Opt	PSA	N/A	34,071
	BlackRock US Debt Index Ret Opt	PSA	N/A	16,459
	BlackRock US Tips Index Ret Opt	PSA	N/A	34,457
	MyWayRetirement Core bond Ret Opt	PSA	N/A	58,971
	MyWayRetirement Emerging Markets Ret Opt	PSA	N/A	23,531
	MyWayRetirement Global bond Ret Opt	PSA	N/A	15,618
	MyWayRetirement Index 2025	PSA	N/A	675,853
	MyWayRetirement Index 2030	PSA	N/A	757,740
	MyWayRetirement Index 2035	PSA	N/A	635,105
	MyWayRetirement Index 2040	PSA	N/A	665,055
	MyWayRetirement Index 2045	PSA	N/A	675,711
	MyWayRetirement Index 2050	PSA	N/A	889,966
	MyWayRetirement Index 2055	PSA	N/A	1,096,189
	MyWayRetirement Index 2060	PSA	N/A	797,394
	MyWayRetirement Index 2065	PSA	N/A	43,189
	MyWayRetirement Index Retirement Ret Opt	PSA	N/A	329,370
	MyWayRetirement Internat Growth Ret Opt	PSA	N/A	26,561
	MyWayRetirement Intl Value Ret Opt	PSA	N/A	44,675
	MyWayRetirement Lg Cap Growth Ret Opt	PSA	N/A	236,810
	MyWayRetirement Lg Cap Value Ret Opt	PSA	N/A	218,215
	MyWayRetirement Mid Cap Growth Ret Opt	PSA	N/A	60,829
	MyWayRetirement Mid Cap Value Ret Opt	PSA	N/A	67,500
	MyWayRetirement Multisector Bond Ret Opt	PSA	N/A	16,867
	MyWayRetirement Real Estate Ret Opt	PSA	N/A	36,226
	MyWayRetirement Commodities Ret Opt	PSA	N/A	35,182
	MyWayRetirement Small Cap Growth Ret Opt	PSA	N/A	86,643
	MyWayRetirement Small Cap Value Ret Opt	PSA	N/A	57,464
	Total pooled separate accounts			<u>8,098,621</u>
		Total investments		<u>\$ 8,416,991</u>

* Indicates a party-in-interest to the Plan.

Provident Realty Advisors, Inc. 401(k) Savings Plan
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

EIN: 75-2784992

Plan #

001

(a)	(b) Identity of Issue	(c) Description of investments	(d) Cost	(e) Current Value
Stable Value Funds (SVF)				
*	Transamerica Stable Value Core Option	SVF	N/A	\$ 318,370
	Total stable value funds			<u>318,370</u>
Pooled Separate Accounts (PSA)				
	BlackRock EAFE Equity Indax Ret Opt	PSA	N/A	18,214
	BlackRock Equity Indax Ret Opt	PSA	N/A	352,088
	BlackRock Mid Cap Equity Index Ret Opt	PSA	N/A	92,668
	BlackRock Russell 2000 Index Ret Opt	PSA	N/A	34,071
	BlackRock US Debt Index Ret Opt	PSA	N/A	16,459
	BlackRock US Tips Index Ret Opt	PSA	N/A	34,457
	MyWayRetirement Core bond Ret Opt	PSA	N/A	58,971
	MyWayRetirement Emerging Markets Ret Opt	PSA	N/A	23,531
	MyWayRetirement Global bond Ret Opt	PSA	N/A	15,618
	MyWayRetirement Index 2025	PSA	N/A	675,853
	MyWayRetirement Index 2030	PSA	N/A	757,740
	MyWayRetirement Index 2035	PSA	N/A	635,105
	MyWayRetirement Index 2040	PSA	N/A	665,055
	MyWayRetirement Index 2045	PSA	N/A	675,711
	MyWayRetirement Index 2050	PSA	N/A	889,966
	MyWayRetirement Index 2055	PSA	N/A	1,096,189
	MyWayRetirement Index 2060	PSA	N/A	797,394
	MyWayRetirement Index 2065	PSA	N/A	43,189
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	Total pooled separate accounts			<u>8,098,621</u>
		Total investments		<u>\$ 8,416,991</u>

* Indicates a party-in-interest to the Plan.