

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 04/01/2023 and ending 03/31/2024	
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) _____ ☐ 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 SALEMTOWNE RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 04/01/2000
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) MORAVIAN HOME, INC. 1000 SALEMTOWNE DRIVE WINSTON SALEM, NC 27106-3294
2b	Employer Identification Number (EIN) 56-0963926
2c	Plan Sponsor's telephone number 336-767-8130
2d	Business code (see instructions) 623000

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.	01/15/2025	ALLISON VESSELS
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 403
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) 310 6a(2) 332 6b 0 6c 144 6d 476 6e 0 6f 476 6g(1) 400 6g(2) 458 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2G 2L 2S 3D

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 3
- (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 04/01/2023 and ending 03/31/2024		
A Name of plan SALEMTOWNE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MORAVIAN HOME, INC.	D Employer Identification Number (EIN) 56-0963926	

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
THE VARIABLE ANNUITY 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
74-1625348	70238	51466	17	04/01/2023	03/31/2024

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
0	15

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
SETH MAY
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	15	COMMISSION	3

(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	27047
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	144879

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.**6d**

Specify nature of costs ▶

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**

26258

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

789

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

789

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

27047

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

27047

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	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 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 04/01/2023 and ending 03/31/2024		
A Name of plan SALEMTOWNE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MORAVIAN HOME, INC.	D Employer Identification Number (EIN) 56-0963926	

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
RELIASTAR LIFE INSURANCE COMPANY

(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
41-0451140	67105	GU41	27	04/01/2023	03/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

(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	67632
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	78841

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.**6d**

Specify nature of costs ▶

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year**7b**

72099

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

2005

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

273

▶ **TRANSFERS**

(6) Total additions.....

7c(6)

2278

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

74377

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

6732

(2) Administration charge made by carrier

7e(2)

13

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

6745

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

67632

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	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 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 04/01/2023 and ending 03/31/2024		
A Name of plan SALEMTOWNE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MORAVIAN HOME, INC.	D Employer Identification Number (EIN) 56-0963926	

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	502430-01	18	04/01/2023	03/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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	(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	568581
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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.**6d**

Specify nature of costs ▶

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 680930

c Additions: (1) Contributions deposited during the year	7c(1)	37944	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	8764	
(4) Transferred from separate account.....	7c(4)	428	
(5) Other (specify below)	7c(5)	1751	

▶ **LOAN REPAYMENTS**(6) Total additions..... **7c(6)** 48887**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 729817**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1) 50114

(2) Administration charge made by carrier

7e(2) 3845

(3) Transferred to separate account.....

7e(3) 107277

(4) Other (specify below)

7e(4)(5) Total deductions..... **7e(5)** 161236**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 568581

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	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 04/01/2023 and ending 03/31/2024

A Name of plan SALEMTOWNE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MORAVIAN HOME, INC.	D Employer Identification Number (EIN) 56-0963926

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	
VARIABLE LIFE INSURANCE VALIC	2929 ALLEN PARKWAY HOUSTON, TX 77019
74-1625348	

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE CO

OF AMERICA
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
64	RECORDKEEPER	17552	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CREATIVE PLANNING LLC

5440 W 110TH ST
SUITE 102
OVERLAND PARK, KS 66211

(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	14715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRINITY PENSION GROUP LLC

P.O. BOX 2159
JAMESTOWN, NC 27282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	4212	Yes ☒ No ☐	Yes ☐ No ☒	2205	Yes ☐ No ☒

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)

GLOBAL RETIREMENT PARTNERS LLC

4340 REDWOOD HWY STE B60
SAN RAFAEL, CA 94903

(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	3333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GATE CITY ADMINISTRATION LLC

5603D W FRIENDLY AVE
BOX 296
GREENSBORO, NC 27410

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	0	Yes ☒ No ☐	Yes ☐ No ☒	2836	Yes ☐ No ☒

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

RELIASTAR LIFE INSURANCE CO

41-0451140

(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?
64	RECORDKEEPER	385	Yes ☒ No ☐	Yes ☐ No ☒	277	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
GATE CITY ADMINISTRATION LLC	13	2836

(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.
EMPOWER ANNUITY INSURANCE CO AMER 84-0467907	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRINITY PENSION GROUP LLC	13	2205

(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.
EMPOWER ANNUITY INSURANCE CO AMER 84-0467907	8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

A Name of plan SALEMTOWNE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) 002
---	--

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MORAVIAN HOME, INC.	D Employer Identification Number (EIN) 56-0963926
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: FIELITY INVEST GRADE BOND

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6486
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIEDLITY VIP EQUITY INCOME

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11477
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP INDEX 500 PF

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16488
---	---------------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBER AMT SU EQ P I

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10625
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a Name of MTIA, CCT, PSA, or 103-12 IE: VYA GL HI DI LW VOL I

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3970
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a Name of MTIA, CCT, PSA, or 103-12 IE: VYA GRW & INC PT I

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2603
---	---------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: VYA IND PL MCP PT I

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2058
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a Name of MTIA, CCT, PSA, or 103-12 IE: VYA IND PL SCP PT I

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1723
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a Name of MTIA, CCT, PSA, or 103-12 IE: VYA MDCP OPPT PT I

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2074
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a Name of MTIA, CCT, PSA, or 103-12 IE: VYA RUSS LC GR IN I

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3170
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a Name of MTIA, CCT, PSA, or 103-12 IE: VYA ST AL GRW PT I

b Name of sponsor of entity listed in (a): RELIASTAR LIFE INSURANCE COMPANY

c EIN-PN 41-0451140-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5748
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II**Information on Participating Plans (to be completed by DFEs, 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**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**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan SALEMTOWNE RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MORAVIAN HOME, INC.	D Employer Identification Number (EIN) 56-0963926	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	21714	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	33801	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)	158885	121690
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	176340	223720
(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)	4032762	5297486
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	779287	663260
(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	5202789	6306156
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5202789	6306156

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)	275203	
(B) Participants	2a(1)(B)	522901	
(C) Others (including rollovers)	2a(1)(C)	14798	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		812902
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2277	
(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)	8672	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10949
(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)	147430	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		147430
(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)		48877
(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)		613174
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1633332

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	486556	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		486556
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		4012
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	10156	
(3) Recordkeeping fees.....	2i(3)	29241	
(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)		39397
j Total expenses. Add all expense amounts in column (b) and enter total	2j		529965

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1103367
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: **BERNARD ROBINSON & COMPANY LLP**

(2) EIN: **56-0571159**

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.)	☒	☐	2073
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 04/01/2023 and ending 03/31/2024					
A Name of plan SALEMTOWNE RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MORAVIAN HOME, INC.				D Employer Identification Number (EIN) 56-0963926	
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): 84-0467907 41-0451140					
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
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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
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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 <u>11 / 01 / 2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J501997A</u> .	
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**SALEMTOWNE
RETIREMENT SAVINGS PLAN**

FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023



SALEMTOWNE RETIREMENT SAVINGS PLAN

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Independent Auditor's Report

To Salemtowne Retirement Savings Plan
and Participants
Winston-Salem, North Carolina

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

We have performed audits of the financial statements of Salemtowne Retirement 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 statements of net assets available for benefits as of March 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended March 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of March 31, 2024 and 2023, and for the year ended March 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Salemtowne Retirement 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 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 Salemtowne Retirement Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- 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 Salemtowne Retirement 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 Salemtowne Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of delinquent participant contributions for the year ended March 31, 2024 and the schedule of assets (held at end of year) as of March 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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.

Other Matter — Supplemental Schedules Required by ERISA (Continued)

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

Bernard Robinson & Company, L.L.P.

Greensboro, North Carolina

January 15, 2025

SALEMTOWNE RETIREMENT SAVINGS PLAN
Statements of Net Assets Available for Benefits
March 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value	\$ 5,631,732	\$ 4,322,991
Investments, at contract value	568,581	680,930
Total investments	<u>6,200,313</u>	<u>5,003,921</u>
Receivables:		
Employer contributions	-	21,714
Other employer contributions	-	33,801
Notes receivable from participants	128,607	165,563
Total receivables	<u>128,607</u>	<u>221,078</u>
Total assets	<u>6,328,920</u>	<u>5,224,999</u>
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 6,328,920</u></u>	<u><u>\$ 5,224,999</u></u>

SALEMTOWNE RETIREMENT SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended March 31, 2024

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 671,245
Interest and dividend income	148,129
Total investment income	<u>819,374</u>

Interest income on notes receivable from participants	<u>9,051</u>
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Contributions:

Participant	522,901
Employer	264,350
Rollovers	13,891
Total contributions	<u>801,142</u>

Total additions	<u>1,629,567</u>
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Deductions:

Benefits paid to participants	488,756
Administrative fees	<u>36,890</u>
Total deductions	<u>525,646</u>

Net increase	1,103,921
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Net assets available for benefits:

Beginning of year	<u>5,224,999</u>
End of year	<u><u>\$ 6,328,920</u></u>

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF PLAN

The following description of Salemtowne Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan's Adoption Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 403(b) plan, covering all eligible employees of Moravian Home, Inc. d/b/a Salemtowne (the "Organization"). All employees are immediately eligible to participate on their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Organization's Board of Trustees is responsible for oversight of the Plan. The Organization's 403(b) Committee determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

Each year participants may contribute up to 100% of their annual pre-tax compensation, as defined in the Plan, up to the maximum amount allowed by law. Participants may also make qualified Roth contributions to the Plan and may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 2% of eligible compensation. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers an annuity contract portfolio comprised of a fixed account and mutual fund accounts as investment options for participants.

The Organization currently makes safe harbor matching contributions equal to 100% of the first 3% plus an additional 50% of the participant's matched employee contributions over 3% but not to exceed 5% of the employee's gross compensation for the Plan year. Employees become eligible for employer contributions upon completion of one year of service as defined by the Plan document. The Plan was amended on January 10, 2024, to remove the Organization's discretionary matching contribution from the Plan. There were no such contributions made for the years ended March 31, 2024 and 2023. Contributions are subject to certain limitations as determined by the Internal Revenue Code (IRC).

Participant Accounts

Each participant's account is credited with the participant's contributions, including amounts rolled over from other qualified plans, and the Organization's contributions as well as allocations of Plan earnings. Participant accounts are charged administrative expenses for certain transaction and administrative fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their voluntary contributions, including amounts rolled over from other qualified plans, the Organization's safe harbor contributions, and any additional discretionary matching contributions, plus actual earnings thereon.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts at Empower a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may have one loan outstanding at one time. The loans are secured by the balance in the participant's account and bear interest at 1% over the prime rate at the time of issuance, which is commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Policy Loans

Loans are available to participants through VALIC or ReliaStar, provided that the participant has adequate vested funds to secure and repay the loan including an additional amount for certain contingency expenses incurred during the life of the loan. These loans are issued directly by VALIC and ReliaStar and loan proceeds are not removed from a participant's account, rather, the portion of a participant's balance held as collateral is transferred to the VALIC fixed annuity contract fund or the ReliaStar guaranteed investment contract.

Issuance of these policy loans had no impact on the statement of net assets available for benefits. Loans in default are deemed distributed but not foreclosed and the collateral account continues to be invested in a fixed fund option until the loan is repaid or the participant incurs a distributable event. At March 31, 2024, these outstanding loans bore interest ranging from 4.00% to 8.00%. Principal and interest are paid ratably by participants to VALIC or ReliaStar over a period not to exceed five years. Total outstanding policy loans with VALIC, net of loans in default and foreclosure, totaled \$4,752 and \$4,440 at March 31, 2024 and 2023, respectively. Total outstanding policy loans with ReliaStar, net of loans in default and foreclosure, totaled \$11,091 at March 31, 2024 and 2023, respectively.

Payment of Benefits

Participants are entitled to receive lump-sum payments of all or any portion of their vested deferral account balance upon attainment of age 59½ or upon termination of service. A participant may elect to delay receipt of benefits until the age when required minimum distributions will begin. If a participant's vested interest, excluding rollover contribution amounts, does not exceed \$5,000, a lump-sum distribution will be made regardless of whether the participant consents to receive the payment. Participants are permitted to take hardship distributions from selected accounts, as defined by the Plan, upon demonstrations of financial hardship.

Forfeited Accounts

Plan forfeitures can be used to reduce future employer contributions or pay administrative expenses. As of March 31, 2024 and 2023, forfeited non-vested accounts totaled \$18,670 and \$2,241, respectively. Forfeitures of \$1,610 were used to reduce Company contributions and pay administrative expenses during the year ended March 31, 2024.

Basis of Accounting

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

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based on the terms of the Plan document. No allowance for credit losses has been recorded as of March 31, 2024 and 2023.

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Certain investment related expenses are paid using the Plan's assets and are either included in net appreciation or depreciation of fair value of investments or are allocated among participants in the Plan. Certain expenses relating to specific transactions, such as loan set up fees, are paid directly by the participant and are included in administrative expenses.

Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure through January 15, 2025, which is the date the financial statements were issued.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 3 - INFORMATION CERTIFIED (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at March 31, 2024 and 2023, and net appreciation or depreciation in fair value of investments, interest and dividends for the year ended March 31, 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by The Variable Annuity Life Insurance Company ("VALIC"), ReliaStar Life Insurance Company ("ReliaStar"), and Empower Annuity Insurance Company of America and Empower Trust Company, LLC ("Empower").

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Registered separate accounts: Contains unitized funds with underlying mutual fund investments and are valued at the daily closing price as reported by the fund, which is then adjusted for dividends and separate account fees. The mutual funds held by the registered separate accounts are deemed to be actively traded.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Non benefit-responsive investment contracts: Contains unitized funds with underlying mutual fund investments and are valued at the daily closing price as reported by the fund, which is then adjusted for dividends and separate account fees. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative fees. The contracts are included in the financial statements at fair value, as reported by ReliaStar and VALIC. Fair value represents the amount participants would receive if the contract was terminated at the reporting date, as determined by ReliaStar and VALIC.

Pooled separate accounts: Valued at the NAV of units of a pooled separate fund. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund. This practical expedient is not used when it is determined to be probable that the investments in the fund will be sold for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at March 31, 2024 and 2023:

Fair Value Measurements at March 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$5,302,238	\$ -	\$ -	\$ 5,302,238
Registered Separate Accounts	140,091	-	-	140,091
Non benefit-responsive investment contracts	-	-	110,562	110,562
Total assets in the fair value hierarchy	5,442,329	-	110,562	5,552,891
Investments measured at NAV as a practical expedient (a)				78,841
Investments at fair value	<u>\$5,442,329</u>	<u>\$ -</u>	<u>\$ 110,562</u>	<u>\$ 5,631,732</u>
Fair Value Measurements at March 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$4,037,201	\$ -	\$ -	\$ 4,037,201
Registered Separate Accounts	106,594	-	-	106,594
Non benefit-responsive investment contracts	-	-	113,925	113,925
Total assets in the fair value hierarchy	4,143,795	-	113,925	4,257,720
Investments measured at NAV as a practical expedient (a)				65,271
Investments at fair value	<u>\$4,143,795</u>	<u>\$ -</u>	<u>\$ 113,925</u>	<u>\$ 4,322,991</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended March 31, 2024.

Balance, beginning of year	\$ 113,925
Interest	3,351
Sales	(6,732)
Fees	18
Balance, end of year	<u>\$ 110,562</u>

NOTE 5 - INVESTMENTS MEASURED USING THE NET ASSET VALUE PER SHARE PRACTICAL EXPEDIENT

The following table summarizes investments measured at fair value based on the net asset value per share practical expedient as of March 31, 2024 and 2023. There are certain participant redemption restrictions for the investments with respect to exchanges in investment options. There are no participant redemption restrictions over withdrawals for these investments; the redemption notice period is applicable only to the Plan.

Pooled Separate Accounts:	Fair Value at March 31, 2024	Fair Value at March 31, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
ReliaStar	\$ 78,841	\$ 65,271	None	Daily	N/A

NOTE 6 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds an investment contract that meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the fully-benefit responsive investment contract at March 31, 2024 and 2023 is \$568,581 and \$680,930, respectively.

The contract issuer Empower is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The minimum guaranteed rate of return is based on a formula agreed upon with the issuers, but it may not fall below 1%. The average crediting rate for the year ended March 31, 2024 and 2023 was 1.50% and 1.23%, respectively. Such interest rates are declared on an annual basis by Empower."

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on Empower's ability to meet its financial obligations. Empower's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 6 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

Certain events 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) Premature termination of the contracts.
- (4) Bankruptcy of the Plan sponsor or other Plan sponsor events (operational closings, layoffs, mergers or early retirement incentives) that cause a significant withdrawal from the Plan.
- (5) Failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- (1) An uncured violation of the Plan's investment guidelines.
- (2) A breach of material obligation under the contract.
- (3) A material misrepresentation.
- (4) A material amendment to the agreements without the consent of the issuer.

The Plan also entered into non benefit-responsive investment contracts with ReliaStar and VALIC. These contracts have significant liquidity restrictions and do not meet the criteria of a fully benefit-responsive investment contract. See Note 4 for the valuation methodology concerning these investments. There are no reserves for credit risk on these investments. The guaranteed interest rate varies by contract and is determined by the contract issuer on the initiation date.

NOTE 7 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and fees within the Plan's annuity portfolio are shares of fixed accounts, pooled and registered separate accounts managed and guaranteed by VALIC, ReliaStar, and Empower and their subsidiaries and affiliated companies, therefore, these transactions qualify as party in interest transactions. In addition, the Plan incurs fees for investment management services provided by Global Retirement Partners LLC. These transactions qualify as party-in-interest transactions. Other fees pertaining to the Plan are either charged to applicable participant accounts or paid by the Organization.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71, 2013-22, and IRS Bulletin 2013-18. The Plan Administrator intends to apply for a determination letter for the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). Although the Plan has no formal letter from the IRS, the Plan's tax counsel believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

NOTE 10 - RISKS AND UNCERTAINTIES

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

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at March 31, 2024 and 2023, to net assets per Form 5500 at March 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 6,328,920	\$ 5,224,999
Participant loans deemed distributed	(22,764)	(22,210)
Net assets available for benefits per the Form 5500	<u>\$ 6,306,156</u>	<u>\$ 5,202,789</u>

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the change in net assets available for benefits per the financial statements to net income per Form 5500 for the year ended March 31, 2024:

Change in net assets available for benefits per the financial statements	\$ 1,103,921
Change in participant loans deemed distributed	<u>(554)</u>
Net income per the Form 5500	<u><u>\$ 1,103,367</u></u>

NOTE 12 - NONEXEMPT TRANSACTIONS

During 2024, the Company inadvertently failed to remit \$2,073 of loan repayments within the required timeframe prescribed by the Department of Labor regulations. The Plan remitted the lost earnings for the late repayments and filed Form 5330 to pay the applicable excise taxes in 2024. The lost earnings were made from the Company's assets and not from assets of the Plan.

SUPPLEMENTAL INFORMATION

SALEMTOWNE RETIREMENT SAVINGS PLAN**EIN: 56-0963926, Plan 002****Schedule H, Line 4a - Schedule of Delinquent Participant Contributions****March 31, 2024**

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

2024	\$	-	\$	2,073	\$	-	\$	-
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SALEMTOWNE RETIREMENT SAVINGS PLAN
EIN: 56-0963926, Plan 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
March 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment including maturity date, rate of interest, collateral, par, maturity value	Cost	Current Value
Fully Benefit Response Investment Contract:				
*	Empower Guaranteed Interest Fund		**	\$ 568,581
Non-fully Benefit Response Investment Contracts:				
*	ReliaStar Guaranteed Investment Contract		**	63,788
*	ReliaStar Fixed Account A		**	2,918
*	ReliaStar Fixed Account B		**	926
*	VALIC Fixed Annuity Contract		**	27,083
Mutual Funds:				
	AB Large Cap Growth I		**	118,859
	American Funds 2015 Target Date Retire R6		**	98,256
	American Funds 2020 Target Date Retire R6		**	165,194
	American Funds 2025 Target Date Retire R6		**	1,017,551
	American Funds 2030 Target Date Retire R6		**	992,472
	American Funds 2035 Target Date Retire R6		**	1,270,981
	American Funds 2040 Target Date Retire R6		**	298,852
	American Funds 2045 Target Date Retire R6		**	483,560
	American Funds 2050 Target Date Retire R6		**	294,117
	American Funds 2055 Target Date Retire R6		**	229,147
	American Funds 2060 Target Date Retire R6		**	94,544
	Blackrock Mid-Cap Growth R6		**	77
	John Hancock International Growth R6		**	77
	JP Morgan Small Cap Growth R6		**	650
	MassMutual Premier High Yield I		**	23,142
	MassMutual Premier Infl-Prot and Inc I		**	8,443
	Pimco Foreign Bond (USD-Hedged) I		**	25,524
	Putnam Large Cap Value R6		**	17,839
	Vanguard 500 Index Admiral		**	101,452
	Vanguard Developed Markets Index Admiral		**	12,859
	Vanguard Mid Cap Index Fund - Admiral		**	18,938
	Vanguard Small Cap Index Adm		**	5,610
	Vanguard Total Bond Market Index Admiral		**	16,564
	Victory Sycamore Established Value I		**	7,530
Pooled separate accounts:				
*	Voya Fidelity VIP Investment Grade Bond Portfolio		**	6,486
*	Voya Global Equity Prt A		**	3,970
*	Voya Growth and Income Prt-C1I		**	2,603
*	Voya Index Plus Midcap Prt-C1I		**	2,058

SALEMTOWNE RETIREMENT SAVINGS PLAN**EIN: 56-0963926, Plan 002****Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)****March 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment including maturity date, rate of interest, collateral, par, maturity value	Cost	Current Value
	Pooled separate accounts (Continued):			
*	Voya Fidelity VIP Index 500 Portfolio		**	\$ 16,488
*	Voya Fidelity Equity Income Portfolio		**	11,477
*	Voya Index Plus SmallCap Prt-C1I		**	1,723
*	Voya Midcap Opportunities Prt-C1I		**	2,074
*	Voya Neuberger & Berman Socially Responsive Fund		**	10,625
*	Voya Russell Large Cap Growth Index Portfolio		**	3,170
*	Voya Strategic Allocation Growth Prt-C1I		**	18,167
	Registered separate accounts:			
*	VALIC Emerging Economies Fund		**	5,613
*	VALIC Growth Fund		**	22,083
*	VALIC Mid Cap Index Fund		**	498
*	VALIC Mid Cap Strategic Growth Fund		**	28,794
*	VALIC Science and Technology Fund		**	48,103
*	VALIC Stock Index Fund		**	29,676
*	Vanguard Wellington Fund		**	2,522
*	Vanguard Windsor II Fund		**	2,802
				<u>6,184,466</u>
*	Participant loans	4.25% to 9.50% - various dates through 2027		121,690
				<u><u>\$ 6,306,156</u></u>

* Denotes investments are party-in-interest.

** All investments are participant directed, therefore, historical cost information is not required.

Note: The above data is based upon information that has been certified as accurate and complete by ReliaStar, VALIC, and Empower.

**SALEMTOWNE
RETIREMENT SAVINGS PLAN**

FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023



SALEMTOWNE RETIREMENT SAVINGS PLAN

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Independent Auditor's Report

To Salemtowne Retirement Savings Plan
and Participants
Winston-Salem, North Carolina

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

We have performed audits of the financial statements of Salemtowne Retirement 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 statements of net assets available for benefits as of March 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended March 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of March 31, 2024 and 2023, and for the year ended March 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Salemtowne Retirement 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 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 Salemtowne Retirement Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- 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 Salemtowne Retirement 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 Salemtowne Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of delinquent participant contributions for the year ended March 31, 2024 and the schedule of assets (held at end of year) as of March 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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.

Other Matter — Supplemental Schedules Required by ERISA (Continued)

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

Bernard Robinson & Company, L.L.P.

Greensboro, North Carolina

January 15, 2025

SALEMTOWNE RETIREMENT SAVINGS PLAN
Statements of Net Assets Available for Benefits
March 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value	\$ 5,631,732	\$ 4,322,991
Investments, at contract value	568,581	680,930
Total investments	<u>6,200,313</u>	<u>5,003,921</u>
Receivables:		
Employer contributions	-	21,714
Other employer contributions	-	33,801
Notes receivable from participants	128,607	165,563
Total receivables	<u>128,607</u>	<u>221,078</u>
Total assets	<u>6,328,920</u>	<u>5,224,999</u>
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 6,328,920</u></u>	<u><u>\$ 5,224,999</u></u>

SALEMTOWNE RETIREMENT SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended March 31, 2024

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 671,245
Interest and dividend income	148,129
Total investment income	<u>819,374</u>

Interest income on notes receivable from participants	<u>9,051</u>
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Contributions:

Participant	522,901
Employer	264,350
Rollovers	13,891
Total contributions	<u>801,142</u>

Total additions	<u>1,629,567</u>
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Deductions:

Benefits paid to participants	488,756
Administrative fees	<u>36,890</u>

Total deductions	<u>525,646</u>
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Net increase	1,103,921
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Net assets available for benefits:

Beginning of year	<u>5,224,999</u>
End of year	<u><u>\$ 6,328,920</u></u>

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF PLAN

The following description of Salemtowne Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan's Adoption Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 403(b) plan, covering all eligible employees of Moravian Home, Inc. d/b/a Salemtowne (the "Organization"). All employees are immediately eligible to participate on their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Organization's Board of Trustees is responsible for oversight of the Plan. The Organization's 403(b) Committee determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

Each year participants may contribute up to 100% of their annual pre-tax compensation, as defined in the Plan, up to the maximum amount allowed by law. Participants may also make qualified Roth contributions to the Plan and may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 2% of eligible compensation. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers an annuity contract portfolio comprised of a fixed account and mutual fund accounts as investment options for participants.

The Organization currently makes safe harbor matching contributions equal to 100% of the first 3% plus an additional 50% of the participant's matched employee contributions over 3% but not to exceed 5% of the employee's gross compensation for the Plan year. Employees become eligible for employer contributions upon completion of one year of service as defined by the Plan document. The Plan was amended on January 10, 2024, to remove the Organization's discretionary matching contribution from the Plan. There were no such contributions made for the years ended March 31, 2024 and 2023. Contributions are subject to certain limitations as determined by the Internal Revenue Code (IRC).

Participant Accounts

Each participant's account is credited with the participant's contributions, including amounts rolled over from other qualified plans, and the Organization's contributions as well as allocations of Plan earnings. Participant accounts are charged administrative expenses for certain transaction and administrative fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their voluntary contributions, including amounts rolled over from other qualified plans, the Organization's safe harbor contributions, and any additional discretionary matching contributions, plus actual earnings thereon.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts at Empower a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may have one loan outstanding at one time. The loans are secured by the balance in the participant's account and bear interest at 1% over the prime rate at the time of issuance, which is commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Policy Loans

Loans are available to participants through VALIC or ReliaStar, provided that the participant has adequate vested funds to secure and repay the loan including an additional amount for certain contingency expenses incurred during the life of the loan. These loans are issued directly by VALIC and ReliaStar and loan proceeds are not removed from a participant's account, rather, the portion of a participant's balance held as collateral is transferred to the VALIC fixed annuity contract fund or the ReliaStar guaranteed investment contract.

Issuance of these policy loans had no impact on the statement of net assets available for benefits. Loans in default are deemed distributed but not foreclosed and the collateral account continues to be invested in a fixed fund option until the loan is repaid or the participant incurs a distributable event. At March 31, 2024, these outstanding loans bore interest ranging from 4.00% to 8.00%. Principal and interest are paid ratably by participants to VALIC or ReliaStar over a period not to exceed five years. Total outstanding policy loans with VALIC, net of loans in default and foreclosure, totaled \$4,752 and \$4,440 at March 31, 2024 and 2023, respectively. Total outstanding policy loans with ReliaStar, net of loans in default and foreclosure, totaled \$11,091 at March 31, 2024 and 2023, respectively.

Payment of Benefits

Participants are entitled to receive lump-sum payments of all or any portion of their vested deferral account balance upon attainment of age 59½ or upon termination of service. A participant may elect to delay receipt of benefits until the age when required minimum distributions will begin. If a participant's vested interest, excluding rollover contribution amounts, does not exceed \$5,000, a lump-sum distribution will be made regardless of whether the participant consents to receive the payment. Participants are permitted to take hardship distributions from selected accounts, as defined by the Plan, upon demonstrations of financial hardship.

Forfeited Accounts

Plan forfeitures can be used to reduce future employer contributions or pay administrative expenses. As of March 31, 2024 and 2023, forfeited non-vested accounts totaled \$18,670 and \$2,241, respectively. Forfeitures of \$1,610 were used to reduce Company contributions and pay administrative expenses during the year ended March 31, 2024.

Basis of Accounting

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

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based on the terms of the Plan document. No allowance for credit losses has been recorded as of March 31, 2024 and 2023.

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Certain investment related expenses are paid using the Plan's assets and are either included in net appreciation or depreciation of fair value of investments or are allocated among participants in the Plan. Certain expenses relating to specific transactions, such as loan set up fees, are paid directly by the participant and are included in administrative expenses.

Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure through January 15, 2025, which is the date the financial statements were issued.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 3 - INFORMATION CERTIFIED (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at March 31, 2024 and 2023, and net appreciation or depreciation in fair value of investments, interest and dividends for the year ended March 31, 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by The Variable Annuity Life Insurance Company ("VALIC"), ReliaStar Life Insurance Company ("ReliaStar"), and Empower Annuity Insurance Company of America and Empower Trust Company, LLC ("Empower").

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Registered separate accounts: Contains unitized funds with underlying mutual fund investments and are valued at the daily closing price as reported by the fund, which is then adjusted for dividends and separate account fees. The mutual funds held by the registered separate accounts are deemed to be actively traded.

SALEMTOWNE RETIREMENT SAVINGS PLAN**Notes to Financial Statements****NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

Non benefit-responsive investment contracts: Contains unitized funds with underlying mutual fund investments and are valued at the daily closing price as reported by the fund, which is then adjusted for dividends and separate account fees. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative fees. The contracts are included in the financial statements at fair value, as reported by ReliaStar and VALIC. Fair value represents the amount participants would receive if the contract was terminated at the reporting date, as determined by ReliaStar and VALIC.

Pooled separate accounts: Valued at the NAV of units of a pooled separate fund. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund. This practical expedient is not used when it is determined to be probable that the investments in the fund will be sold for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at March 31, 2024 and 2023:

Fair Value Measurements at March 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$5,302,238	\$ -	\$ -	\$ 5,302,238
Registered Separate Accounts	140,091	-	-	140,091
Non benefit-responsive investment contracts	-	-	110,562	110,562
Total assets in the fair value hierarchy	5,442,329	-	110,562	5,552,891
Investments measured at NAV as a practical expedient (a)				78,841
Investments at fair value	<u>\$5,442,329</u>	<u>\$ -</u>	<u>\$ 110,562</u>	<u>\$ 5,631,732</u>
Fair Value Measurements at March 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$4,037,201	\$ -	\$ -	\$ 4,037,201
Registered Separate Accounts	106,594	-	-	106,594
Non benefit-responsive investment contracts	-	-	113,925	113,925
Total assets in the fair value hierarchy	4,143,795	-	113,925	4,257,720
Investments measured at NAV as a practical expedient (a)				65,271
Investments at fair value	<u>\$4,143,795</u>	<u>\$ -</u>	<u>\$ 113,925</u>	<u>\$ 4,322,991</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

SALEMTOWNE RETIREMENT SAVINGS PLAN
Notes to Financial Statements

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended March 31, 2024.

Balance, beginning of year	\$ 113,925
Interest	3,351
Sales	(6,732)
Fees	18
Balance, end of year	<u>\$ 110,562</u>

NOTE 5 - INVESTMENTS MEASURED USING THE NET ASSET VALUE PER SHARE PRACTICAL EXPEDIENT

The following table summarizes investments measured at fair value based on the net asset value per share practical expedient as of March 31, 2024 and 2023. There are certain participant redemption restrictions for the investments with respect to exchanges in investment options. There are no participant redemption restrictions over withdrawals for these investments; the redemption notice period is applicable only to the Plan.

Pooled Separate Accounts:	Fair Value at March 31, 2024	Fair Value at March 31, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
ReliaStar	\$ 78,841	\$ 65,271	None	Daily	N/A

NOTE 6 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds an investment contract that meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the fully-benefit responsive investment contract at March 31, 2024 and 2023 is \$568,581 and \$680,930, respectively.

The contract issuer Empower is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The minimum guaranteed rate of return is based on a formula agreed upon with the issuers, but it may not fall below 1%. The average crediting rate for the year ended March 31, 2024 and 2023 was 1.50% and 1.23%, respectively. Such interest rates are declared on an annual basis by Empower."

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on Empower's ability to meet its financial obligations. Empower's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 6 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

Certain events 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) Premature termination of the contracts.
- (4) Bankruptcy of the Plan sponsor or other Plan sponsor events (operational closings, layoffs, mergers or early retirement incentives) that cause a significant withdrawal from the Plan.
- (5) Failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- (1) An uncured violation of the Plan's investment guidelines.
- (2) A breach of material obligation under the contract.
- (3) A material misrepresentation.
- (4) A material amendment to the agreements without the consent of the issuer.

The Plan also entered into non benefit-responsive investment contracts with ReliaStar and VALIC. These contracts have significant liquidity restrictions and do not meet the criteria of a fully benefit-responsive investment contract. See Note 4 for the valuation methodology concerning these investments. There are no reserves for credit risk on these investments. The guaranteed interest rate varies by contract and is determined by the contract issuer on the initiation date.

NOTE 7 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and fees within the Plan's annuity portfolio are shares of fixed accounts, pooled and registered separate accounts managed and guaranteed by VALIC, ReliaStar, and Empower and their subsidiaries and affiliated companies, therefore, these transactions qualify as party in interest transactions. In addition, the Plan incurs fees for investment management services provided by Global Retirement Partners LLC. These transactions qualify as party-in-interest transactions. Other fees pertaining to the Plan are either charged to applicable participant accounts or paid by the Organization.

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71, 2013-22, and IRS Bulletin 2013-18. The Plan Administrator intends to apply for a determination letter for the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). Although the Plan has no formal letter from the IRS, the Plan's tax counsel believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

NOTE 10 - RISKS AND UNCERTAINTIES

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

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at March 31, 2024 and 2023, to net assets per Form 5500 at March 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 6,328,920	\$ 5,224,999
Participant loans deemed distributed	(22,764)	(22,210)
Net assets available for benefits per the Form 5500	<u>\$ 6,306,156</u>	<u>\$ 5,202,789</u>

SALEMTOWNE RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the change in net assets available for benefits per the financial statements to net income per Form 5500 for the year ended March 31, 2024:

Change in net assets available for benefits per the financial statements	\$ 1,103,921
Change in participant loans deemed distributed	<u>(554)</u>
Net income per the Form 5500	<u><u>\$ 1,103,367</u></u>

NOTE 12 - NONEXEMPT TRANSACTIONS

During 2024, the Company inadvertently failed to remit \$2,073 of loan repayments within the required timeframe prescribed by the Department of Labor regulations. The Plan remitted the lost earnings for the late repayments and filed Form 5330 to pay the applicable excise taxes in 2024. The lost earnings were made from the Company's assets and not from assets of the Plan.

SUPPLEMENTAL INFORMATION

SALEMTOWNE RETIREMENT SAVINGS PLAN**EIN: 56-0963926, Plan 002****Schedule H, Line 4a - Schedule of Delinquent Participant Contributions****March 31, 2024**

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

2024	\$	-	\$	2,073	\$	-	\$	-
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SALEMTOWNE RETIREMENT SAVINGS PLAN
EIN: 56-0963926, Plan 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
March 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment including maturity date, rate of interest, collateral, par, maturity value	Cost	Current Value
Fully Benefit Response Investment Contract:				
*	Empower Guaranteed Interest Fund		**	\$ 568,581
Non-fully Benefit Response Investment Contracts:				
*	ReliaStar Guaranteed Investment Contract		**	63,788
*	ReliaStar Fixed Account A		**	2,918
*	ReliaStar Fixed Account B		**	926
*	VALIC Fixed Annuity Contract		**	27,083
Mutual Funds:				
	AB Large Cap Growth I		**	118,859
	American Funds 2015 Target Date Retire R6		**	98,256
	American Funds 2020 Target Date Retire R6		**	165,194
	American Funds 2025 Target Date Retire R6		**	1,017,551
	American Funds 2030 Target Date Retire R6		**	992,472
	American Funds 2035 Target Date Retire R6		**	1,270,981
	American Funds 2040 Target Date Retire R6		**	298,852
	American Funds 2045 Target Date Retire R6		**	483,560
	American Funds 2050 Target Date Retire R6		**	294,117
	American Funds 2055 Target Date Retire R6		**	229,147
	American Funds 2060 Target Date Retire R6		**	94,544
	Blackrock Mid-Cap Growth R6		**	77
	John Hancock International Growth R6		**	77
	JP Morgan Small Cap Growth R6		**	650
	MassMutual Premier High Yield I		**	23,142
	MassMutual Premier Infl-Prot and Inc I		**	8,443
	Pimco Foreign Bond (USD-Hedged) I		**	25,524
	Putnam Large Cap Value R6		**	17,839
	Vanguard 500 Index Admiral		**	101,452
	Vanguard Developed Markets Index Admiral		**	12,859
	Vanguard Mid Cap Index Fund - Admiral		**	18,938
	Vanguard Small Cap Index Adm		**	5,610
	Vanguard Total Bond Market Index Admiral		**	16,564
	Victory Sycamore Established Value I		**	7,530
Pooled separate accounts:				
*	Voya Fidelity VIP Investment Grade Bond Portfolio		**	6,486
*	Voya Global Equity Prt A		**	3,970
*	Voya Growth and Income Prt-C1I		**	2,603
*	Voya Index Plus Midcap Prt-C1I		**	2,058

SALEMTOWNE RETIREMENT SAVINGS PLAN**EIN: 56-0963926, Plan 002****Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)****March 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment including maturity date, rate of interest, collateral, par, maturity value	Cost	Current Value
	Pooled separate accounts (Continued):			
*	Voya Fidelity VIP Index 500 Portfolio		**	\$ 16,488
*	Voya Fidelity Equity Income Portfolio		**	11,477
*	Voya Index Plus SmallCap Prt-C1I		**	1,723
*	Voya Midcap Opportunities Prt-C1I		**	2,074
*	Voya Neuberger & Berman Socially Responsive Fund		**	10,625
*	Voya Russell Large Cap Growth Index Portfolio		**	3,170
*	Voya Strategic Allocation Growth Prt-C1I		**	18,167
	Registered separate accounts:			
*	VALIC Emerging Economies Fund		**	5,613
*	VALIC Growth Fund		**	22,083
*	VALIC Mid Cap Index Fund		**	498
*	VALIC Mid Cap Strategic Growth Fund		**	28,794
*	VALIC Science and Technology Fund		**	48,103
*	VALIC Stock Index Fund		**	29,676
*	Vanguard Wellington Fund		**	2,522
*	Vanguard Windsor II Fund		**	2,802
				<u>6,184,466</u>
*	Participant loans	4.25% to 9.50% - various dates through 2027		121,690
				<u><u>\$ 6,306,156</u></u>

* Denotes investments are party-in-interest.

** All investments are participant directed, therefore, historical cost information is not required.

Note: The above data is based upon information that has been certified as accurate and complete by ReliaStar, VALIC, and Empower.