

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- 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.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: HAMPTON ROADS ACADEMY DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): HAMPTON ROADS ACADEMY
Mailing address (include room, apt., suite no. and street, or P.O. Box): 739 ACADEMY LANE, NEWPORT NEWS, VA 23602
2b Employer Identification Number (EIN): 54-0659912
2c Plan Sponsor's telephone number: 757-884-9153
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	265
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)	135
	6a(2)	134
	6b	0
	6c	119
	6d	253
	6e	0
	6f	253
	6g(1)	213
6g(2)	222	
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:
 2F 2G 2L 2T

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 3 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan HAMPTON ROADS ACADEMY DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001

C Plan sponsor's name as shown on line 2a of Form 5500 HAMPTON ROADS ACADEMY	D Employer Identification Number (EIN) 54-0659912
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	1095161	3	07/01/2023	06/30/2024

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
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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	

(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	1627
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	156941

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 DEFERRED ANNUITIES

b Balance at the end of the previous year	7b	22500
c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	356
(4) Transferred from separate account.....	7c(4)	0
(5) Other (specify below)	7c(5)	0
(6) Total additions	7c(6)	356
d Total of balance and additions (add lines 7b and 7c(6))	7d	22856
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21229
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0
(5) Total deductions	7e(5)	21229
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1627

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

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan HAMPTON ROADS ACADEMY DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HAMPTON ROADS ACADEMY		D Employer Identification Number (EIN) 54-0659912	

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	334277	175	07/01/2023	06/30/2024

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	3086712
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	7570719

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 3096840

c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	135282
(4) Transferred from separate account.....	7c(4)	45303
(5) Other (specify below)	7c(5)	1700

▶ LOAN PAYMENTS, ADJUSTMENTS

(6) Total additions **7c(6)** 182285

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3279125

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	124668
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account.....	7e(3)	45081
(4) Other (specify below)	7e(4)	22664

▶ FEES

(5) Total deductions **7e(5)** 192413

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 3086712

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

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan HAMPTON ROADS ACADEMY DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HAMPTON ROADS ACADEMY		D Employer Identification Number (EIN) 54-0659912	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	664TK7	132	07/01/2023	06/30/2024

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
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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	132102
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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ OTHER GROUP PENSION FUNDING

b Balance at the end of the previous year	7b	124197
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c Additions: (1) Contributions deposited during the year	7c(1)	7716
	7c(2)	0
	7c(3)	1838
	7c(4)	0
	7c(5)	0

(6) Total additions	7c(6)	9554
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d Total of balance and additions (add lines 7b and 7c(6))	7d	133751
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	204
	7e(2)	481
	7e(3)	964
	7e(4)	0

(5) Total deductions	7e(5)	1649
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	132102
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan HAMPTON ROADS ACADEMY DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HAMPTON ROADS ACADEMY	D Employer Identification Number (EIN) 54-0659912	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

VOYA RETIREMENT INS & ANNUITY

71-0294708

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

VRIAC

71-0294708

(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)

OSAIC WEALTH, INC.

93-0987232

(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?
99	BROKER/DEALER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10725	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VOYA RETIREMENT INS AND ANNUITY CO

PO BOX 990067
HARTFORD, CT 06199-0067

71-0294708

(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?
99	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TIAA-TEACHERS INSURANCE & ANNUITY

730 THIRD AVE.
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	450	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

LINCOLN NATIONAL CORPORATION

35-1140070

(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	SERVICE PROVIDER	125	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OSAIC WEALTH, INC.	99	10725
(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.	
VRIAC 71-0294708	OTHER FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>HAMPTON ROADS ACADEMY DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAMPTON ROADS ACADEMY</u>	D Employer Identification Number (EIN) <u>54-0659912</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>309152</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan HAMPTON ROADS ACADEMY DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HAMPTON ROADS ACADEMY	D Employer Identification Number (EIN) 54-0659912

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	75452	62040
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5206741	6145197
(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)	6981166	7261567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3243539	3086712
(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	15506898	16555516
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	15506898	16555516

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)	283707	
(B) Participants	2a(1)(B)	522699	
(C) Others (including rollovers)	2a(1)(C)	22179	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		828585
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3723	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3723
(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)	264163	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		264163
(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)		-40950
(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)		1851468
c Other income	2c		134
d Total income. Add all income amounts in column (b) and enter total	2d		2907123

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1838664	
(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)		1838664
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	19716	
(3) Recordkeeping fees.....	2i(3)	125	
(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)		19841
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1858505

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1048618
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: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	620
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>HAMPTON ROADS ACADEMY DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAMPTON ROADS ACADEMY</u>	D Employer Identification Number (EIN) <u>54-0659912</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-1624203 13-5581829

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03/31/2017 (MM/DD/YYYY) and the Opinion Letter serial number J500885A.

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX
DEFERRED ANNUITY RETIREMENT PLAN**

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

*As of June 30, 2024 and 2023 and
for the Year Ended June 30, 2024*

And Report of Independent Auditor

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditor

To the Board of Trustees
Hampton Roads Academy
Defined Contribution and Tax Deferred Annuity Retirement Plan
Newport News, Virginia

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

We were engaged to perform audits of the financial statements of Hampton Roads Academy Defined Contribution and Tax Deferred Annuity Retirement Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 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 the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating the certified investment information, as described in Note 9 to the financial statements is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

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

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by DOL’s Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule of Delinquent Participant Contributions – Form 5500, Schedule H, Part IV, Line 4a for the year ended June 30, 2024 and Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to, and we do not, express an opinion on the supplemental schedules referred to above.

Cherry Bekaert LLP

Augusta, Georgia
April 9, 2025

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 15,457,119	\$ 14,401,159
Investments, at contract value	1,036,357	1,030,287
Notes receivables from participants	<u>62,040</u>	<u>75,452</u>
Net Assets Available for Benefits	<u>\$ 16,555,516</u>	<u>\$ 15,506,898</u>

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

HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED JUNE 30, 2024

Additions to net assets attributed to:

Investment Income:

Net appreciation in fair value of investments	\$ 1,810,652
Interest and dividends	264,163
Total Investment Income	<u>2,074,815</u>

Interest income on notes receivable from participants	<u>3,723</u>
---	--------------

Contributions:

Employer	283,707
Participants	522,699
Rollovers	22,179
Total Contributions	<u>828,585</u>
Total Additions	<u>2,907,123</u>

Deductions from net assets attributed to:

Benefits paid to participants	1,838,664
Administration expenses	19,841
Total Deductions	<u>1,858,505</u>

Net increase in net assets available for benefits	1,048,618
Net assets available for benefits, beginning of year	<u>15,506,898</u>
Net assets available for benefits, end of year	<u><u>\$ 16,555,516</u></u>

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

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2024 AND 2023

Note 1—Description of the plan

The following description of the Hampton Roads Academy (the “School”) Defined Contribution and Tax Deferred Annuity Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan covering all eligible employees of the School. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (“ERISA”). The School’s Board of Trustees (“Board”) is responsible for oversight of the Plan. The Finance Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Board.

Administration – The Plan sponsor has designated certain employees, who serve without additional compensation, to administer the Plan. The Plan administrator has the overall responsibility and authority as the named fiduciary to manage and control the operations and administration of the Plan and may designate one or more individuals to perform those responsibilities.

Contributions – Each year, participants may contribute up to the maximum allowed by law of their annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Special Internal Revenue Code (“IRC”) Section 403(b) catch-up contributions are permitted as well, if a participant has 15 years of service as defined. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The School may make matching contributions equal to a discretionary percentage of salary deferrals for eligible participants. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations. Participants direct the investment of all contributions into various investment options offered by the Plan.

Participant Accounts – Each participant’s account is credited with the participant’s contributions and School matching contributions, as well as allocations of Plan earnings. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. 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 contributions and the School’s contributions.

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant’s account and bear interest at rates ranging from 4.25% to 9.5%, which are commensurate with local prevailing rates. Principal and interest may be paid ratably through payroll deductions. Notes receivable from participants totaled \$62,040 and \$75,452 as of June 30, 2024 and 2023, respectively.

Plan Loans – Participants may borrow directly from Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (“TIAA-CREF”), a minimum of \$1,000 up to the lesser of a maximum of \$50,000 or 45% of their vested account balance. Plan loans do not increase or decrease the net assets of the Plan. Loans are secured by the balance in the participant’s Plan account and bear interest commensurate with local prevailing rates. Principal and interest are paid through an automatic draft of the participant’s checking account by TIAA-CREF. As of June 30, 2024 and 2023, total plan loans outstanding were \$3,548 and \$5,435, respectively.

Investment Options – Upon enrollment in the Plan, a participant may direct employee and Plan sponsor contributions in any of the investment options offered by the Plan.

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2024 AND 2023

Note 1—Description of the plan (continued)

Payment of Benefits – On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, partial payments, installments over a period not to exceed life expectancy, or may purchase an annuity contract. In-service withdrawals are permitted for participants who have attained age 59½ or for a qualified financial hardship.

Forfeited Accounts – At June 30, 2024 and 2023, there were no forfeited, nonvested accounts. If available, these accounts will be used to reduce future employer contributions or to pay administrative expenses of the Plan.

Note 2—Summary of significant accounting policies

Basis of Accounting – The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") under the accrual method of accounting.

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is 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. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to the fully benefit-responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (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. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of June 30, 2024 and 2023, no allowance for credit losses has been recorded. Delinquent loans are treated as deemed distributions based upon the terms of the Plan document.

Payment of Benefits – Benefits are recorded when paid.

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

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

Excluded Contracts and Accounts – The Plan administrator has elected to exclude certain contracts and accounts from Plan assets in accordance with the Department of Labor’s Field Assistance Bulletin 2009-2 due to the fact that:

- The contract or account was issued to a current or former employee before January 1, 2009;
- The School ceased to have any obligation to make contributions (including employee salary reduction contributions) and, in fact, stopped making contributions to the contract or account before January 1, 2009;
- All rights under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without the involvement of the School; and
- The individual owner of the contract is fully vested in the contract or account.

Note 3—Fair value measurement

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 Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset’s 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.

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2024 AND 2023

Note 3—Fair value measurement (continued)

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no significant changes in the methodologies used at June 30, 2024 or 2023:

Variable Annuities and Pooled Separate Accounts (“PSA”) – Valued at the net asset value (“NAV”) of the units held. NAV is used as the practical expedient to estimate fair value. NAV is based on the fair value of the underlying investments held by each account less its liabilities. The practical expedient is not used when it is determined to be probable that the account will sell the underlying investments for an amount different than the reported NAV. There are no participant redemption restrictions for the PSAs; the redemption notice period is applicable only to the Plan. Restrictions on short-term trading into and out of variable annuities varies from 30 to 90 days.

Guaranteed Investment Contracts (Non-Fully Benefit-Responsive Contracts) – These investments are guaranteed fixed income annuity backed by the custodians’ claims paying ability whereby the annuity guarantees principal and a minimum interest rate, plus opportunity for additional amounts in excess of the guaranteed rate. Annuity contracts are not traded and significant other observable inputs are not available. The contract is reported at fair value and is classified within Level 3 of the valuation hierarchy.

The Plan believes its valuation methods are appropriate and consistent with other market participants; however, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of June 30:

	2024			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	\$ -	\$ -	\$ 2,184,084	\$ 2,184,084
Investments measured at NAV*				13,273,035
Investments at fair value				\$ 15,457,119
	2023			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	\$ -	\$ -	\$ 2,213,251	\$ 2,213,251
Investments measured at NAV*				12,187,908
Investments at fair value				\$ 14,401,159

* In accordance with U.S. GAAP, certain investments that are measured at fair value using NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation to the amounts presented in the statements of net assets available for benefits.

Changes in Fair Value of Level 3 Assets and Related Gains and Losses – The Plan had purchases of \$46,888 and sales of \$21,229 of Level 3 assets for the year ended June 30, 2024.

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2024 AND 2023

Note 3—Fair value measurement (continued)

Fair Value of Investments that Calculate Net Asset Value – The following table summarizes investments measured at fair value based on NAV per share practical expedient as of June 30, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<u>Fair Value at June 30, 2024</u>	<u>Fair Value at June 30, 2023</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>
Variable annuities:				
Large cap ^(a)	\$ 4,670,148	\$ 3,876,148	None	Daily
Equity index ^(b)	1,160,870	1,200,643	None	Daily
International ^(c)	969,976	954,087	None	Daily
Bond ^(d)	711,100	697,098	None	Daily
Balanced ^(e)	4,204,308	3,793,041	None	Daily
Money market ^(f)	505,706	571,155	None	Daily
Small/midcap ^(g)	326,683	309,357	None	Daily
Social choice ^(h)	219,333	208,453	None	Daily
Real estate ⁽ⁱ⁾	39,051	47,247	None	Daily
Pooled separate accounts:				
Real estate ⁽ⁱ⁾	312,746	382,810	None	Daily
Large cap ^(a)	70,041	74,682	None	Daily
Small/midcap ^(g)	22,327	20,557	None	Daily
International ^(c)	32,950	26,757	None	Daily
Bond ^(d)	15,107	14,546	None	Daily
Balanced ^(e)	12,689	11,327	None	Daily
Investments measured at NAV	<u>\$ 13,273,035</u>	<u>\$ 12,187,908</u>		

Following are the investment strategies for investments measured using the net asset value practical expedient:

- (a) Funds in this category seek a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks.
- (b) Funds in this category seek a favorable long-term rate of return from a diversified portfolio selected to track the overall market for common stocks publicly traded in the United States, as represented by a broad stock market index.
- (c) Funds in this category seek a favorable long-term rate of return through capital appreciation and income from a broadly diversified portfolio that consists primarily of foreign and domestic common stocks.
- (d) Funds in this category seek a favorable long-term rate of return, primarily through high current income consistent with preserving capital.
- (e) Funds in this category seek high total return over time through a combination of capital appreciation and income.
- (f) Funds in this category seek to obtain high current income consistent with maintaining liquidity and preserving capital.
- (g) Funds in this category seek a favorable long-term total return, mainly through capital appreciation, primarily from equity securities of small to medium-sized domestic companies.
- (h) Funds in this category seek to obtain a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria, to include environmental, social, and governance considerations.
- (i) Funds in this category seek long-term returns primarily through rental income and appreciation of real estate investments owned by the account.

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2024 AND 2023

Note 4—Guaranteed investment contracts

The Plan holds fully benefit-responsive investment contracts that are reported at contract value, which is generally the amount a participant would receive if he or she would initiate a withdrawal or transfer from the contract under the provisions of the Plan. Contract value is calculated as the accumulated cash contributions and interest credited to the Plan's contracts less any withdrawals.

The TIAA Traditional Benefit Responsive fund is a fixed annuity contract that is fully and unconditionally guaranteed by Teachers Insurance and Annuity Association of America ("TIAA"), a New York domiciled, non-profit legal reserve life insurance company. During the accumulation phase, the TIAA Traditional Benefit Responsive fund provides a guarantee of principal, a guaranteed minimum rate of interest between 1% and 3%, and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1. Additional interest is not guaranteed for future years.

The Plan also has an annuity contract with Voya Retirement Insurance and Annuity Company ("Voya") that invests contributions in the Voya Fixed Account. The Voya Fixed Account is intended to be a long-term investment for participants seeking stability of principal.

The Voya Fixed Account guarantees principal and a minimum guaranteed interest rate for the life of the investment as well as featuring two declared interest rates: a current rate, determined at least monthly, and a guaranteed minimum floor rate decreased for a defined period – currently one calendar year. The guaranteed minimum floor rate may change after the defined period, but it will never be lower than the minimum guaranteed interest rate. The current rate, the guaranteed minimum floor rate, and the minimum guaranteed interest rate are expressed as annual effective yields. Taking the effect of compounding into account, the interest credited to a participant's account daily yields the then current credited rate. Voya's determination of credited interest rates reflect a number of factors, including mortality and expense risks, interest rates guarantees, the investment income earned on invested assets, and the amortization of any capital gains and/or losses realized on the sale of invested assets.

Under this option, Voya assumes the risk of investment gain or loss by guaranteeing the principal amount the participant allocates to this option and promising a minimum interest rate during the accumulation period and also throughout the annuity payout period, if applicable.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest is based on a formula agreed upon with the issuer but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events could limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options; or (iii) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Currently, management believes the occurrence of an event that would cause the Plan to transact contract distributions at less than contract value is not probable.

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2024 AND 2023

Note 5—Related party and party-in-interest transactions

Plan investments are variable annuities, pooled separate accounts, and guaranteed investment contracts sponsored by TIAA-CREF and Voya, and pooled separate accounts and a guaranteed investment contract sponsored by Metropolitan Life Insurance Company (“MetLife”). TIAA-CREF, MetLife, and Voya are the Plan’s recordkeepers. These transactions qualify as party-in-interest transactions under ERISA. Notes receivable from participants qualify as party-in-interest transactions. Certain administrative expenses are paid to the custodians of the Plan for the year ended June 30, 2024. These transactions qualify as party-in-interest transactions. These administrative expenses amounted to \$19,841 for the year ended June 30, 2024.

Note 6—Plan termination

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

Note 7—Tax status

The Plan sponsor adopted a volume submitter plan which received a favorable opinion letter from the IRS on March 31, 2017, which stated that the volume submitter plan is designed in accordance with applicable sections of the IRC. The Plan has not received a determination letter specific to the Plan itself, and the volume submitter plan has been amended since receiving the opinion letter. However, the Plan sponsor believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan is qualified, and the related trust is tax-exempt as of June 30, 2024. The Plan sponsor believes the Plan has no income subject to unrelated business income tax.

U.S. GAAP requires 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 IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 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; however, there are currently no audits for any tax periods in progress.

Note 8—Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible 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.

**HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2024 AND 2023

Note 9—Information certified by the Plan’s qualified institutions (unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (“TIAA-CREF”), Metropolitan Life Insurance Company (“MetLife”), and The Voya Retirement Insurance and Annuity Company (“Voya”) (collectively, the “qualified institutions”) have certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate.

- Investments, at fair value and contract value and notes receivable from participants as shown in the statements of net assets available for benefits as of June 30, 2024 and 2023.
- Net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended June 30, 2024.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of June 30, 2024.

The Plan’s independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental Schedule of Assets (Held at End of Year).

Note 10—Subsequent events

Subsequent events were evaluated through April 9, 2025, which is the date the financial statements were available to be issued. The Plan determined there were no material subsequent events requiring adjustment to or disclosure in the financial statements as of June 30, 2024.

SUPPLEMENTAL SCHEDULES

HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 FORM 5500, SCHEDULE H, PART IV, LINE 4a
 EIN: 54-0659912, PLAN NUMBER: 001

YEAR ENDED JUNE 30, 2024

Participant Contributions Transferred Late to the Plan				
Check Here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE 2002-51
\$ 620	\$ -	\$ -	\$ -	\$ 620

HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 54-0659912, PLAN NUMBER: 001

JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Variable Annuities (Mutual Funds - Form 5500):				
*	TIAA-CREF	CREF Stock R1	**	\$ 1,478,043
*	TIAA-CREF	CREF Growth R1	**	1,512,545
*	TIAA-CREF	CREF Equity Index R1	**	1,152,474
*	TIAA-CREF	CREF Global Equities R1	**	718,489
*	TIAA-CREF	CREF Core Bond R1	**	250,293
*	TIAA-CREF	CREF Money Market R1	**	505,706
*	TIAA-CREF	CREF Social Choice R1	**	212,260
*	TIAA-CREF	CREF Inflation-Linked Bond R1	**	123,220
*	TIAA-CREF	TIAA Access Nuv LifCyc 2010 T4	**	12,411
*	TIAA-CREF	TIAA Access Nuv LifCyc 2020 T4	**	150,640
*	TIAA-CREF	TIAA Access Nuv LifCyc 2045 T4	**	125,786
*	TIAA-CREF	TIAA Access Nuv Intl Equity T4	**	115,852
*	TIAA-CREF	TIAA Access Nuv RIEstSecSel T4	**	29,329
*	TIAA-CREF	TIAA Access Nuv LifCyc 2035 T4	**	170,497
*	TIAA-CREF	TIAA Access Nuv LifCyc 2030 T4	**	99,763
*	TIAA-CREF	TIAA Access Nuv Lrg Cap Val T4	**	66,061
*	TIAA-CREF	TIAA Access Nuv LifCyc 2025 T4	**	106,027
*	TIAA-CREF	TIAA Access Nuv Mid-Cap Value T4	**	61,099
*	TIAA-CREF	TIAA Access Nuv Mid-Cap Growth T4	**	44,399
*	TIAA-CREF	TIAA Access Nuv Qt Sm Cp Eq T4	**	47,714
*	TIAA-CREF	TIAA Access Nuv Sm Cp Bl lx T4	**	8,008
*	TIAA-CREF	TIAA Access Nuv Core Pl Bd T4	**	33,147
*	TIAA-CREF	TIAA Access Nuv LifCyc 2050 T4	**	35,856
*	TIAA-CREF	TIAA Access Nuv LifCyc 2055 T4	**	62,807
*	TIAA-CREF	TIAA Access Nuv LgCp Res Eq T4	**	7,073
*	TIAA-CREF	TIAA Access LifCyc 2040 T4	**	22,942
*	TIAA-CREF	TIAA Access Nuv Lrg Cap Gr T4	**	64,250
*	TIAA-CREF	TIAA Access Nuv Equity Index T4	**	8,396
*	TIAA-CREF	TIAA Access Nuv Core Equity T4	**	23,637
*	TIAA-CREF	TIAA Access Nuv LifCyc 2015 T4	**	7,630
*	TIAA-CREF	TIAA Access Nuv LfCy Rt Inc T4	**	5,124
*	TIAA-CREF	TIAA Access Nuv LifCyc 2060 T4	**	89
Total Variable Annuities (Mutual Funds - Form 5500)				7,261,567
Variable Annuities (Pooled Separate Accounts - Form 5500):				
*	VOYA Investments	American Funds 2010 Target Date R6	**	7,424
*	VOYA Investments	American Funds 2015 Target Date R6	**	71,961
*	VOYA Investments	American Funds 2020 Target Date R6	**	468,244
*	VOYA Investments	American Funds 2025 Target Date R6	**	364,582
*	VOYA Investments	American Funds 2030 Target Date R6	**	439,599
*	VOYA Investments	American Funds 2035 Target Date R6	**	971,838
*	VOYA Investments	American Funds 2040 Target Date R6	**	105,440
*	VOYA Investments	American Funds 2045 Target Date R6	**	569,449
*	VOYA Investments	American Funds 2050 Target Date R6	**	188,116
*	VOYA Investments	American Funds 2055 Target Date R6	**	93,792

HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 54-0659912, PLAN NUMBER: 001

JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
Borrower, Lessor, or Similar Party	Identify of Issue,	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Variable Annuities (Pooled Separate Accounts - Form 5500):				
*	VOYA Investments	American Funds 2060 Target Date R6	**	\$ 62,601
*	VOYA Investments	American Funds 2065 Target Date R6	**	61,690
*	VOYA Investments	American Funds Amer Mutual R6	**	525,586
*	VOYA Investments	American Funds Infl Linked Bd Fd R6	**	82,017
*	VOYA Investments	Cohen & Steers Real Estate Secs Fd Z	**	9,722
*	VOYA Investments	Fid S T Bd Idx Fund In Fd	**	16,733
*	VOYA Investments	Fidelity 500 Index Fund	**	204,305
*	VOYA Investments	Fidelity International Idx Fd	**	68,886
*	VOYA Investments	Fidelity Lrg Cp Grwth Ind Fd	**	280,845
*	VOYA Investments	Fidelity US Bd Idx Fund	**	100,974
*	VOYA Investments	Janus Hndrsn Triton Fund N	**	62,124
*	VOYA Investments	JPMorgan Emerging Mkts Eqty Fnd R6	**	109,883
*	VOYA Investments	PGIM High Yield Fund R6	**	5,248
*	VOYA Investments	TRowePrc Blue Chip Growth Fund I	**	360,052
*	VOYA Investments	Victory TrvInt Intl Small-Cap Fd R6	**	16,298
*	VOYA Investments	Allspg Spec Sm Cp Val Fd R6	**	87,041
*	VOYA Investments	Western Asst Core Plus Bond Fund IS	**	8,625
*	VOYA Investments	Fidelity Lg C Val Ind Fd	**	28,208
*	VOYA Investments	MFS Research Intl Fund R6	**	66,749
*	VOYA Investments	PIMCO Income Fund Ins	**	107,576
Total Variable Annuities (Pooled Separate Accounts - Form 5500)				5,545,608
Pooled Separate Accounts:				
*	TIAA-CREF	TIAA Real Estate	**	309,152
*	Metropolitan Life Insurance Company	Frontier MidCap Growth Portfolio	**	16,870
*	Metropolitan Life Insurance Company	MetLife Stock Index Portfolio	**	9,482
*	Metropolitan Life Insurance Company	American Funds Growth Allocation Portfolio	**	31,513
*	Metropolitan Life Insurance Company	Invesco Global Equity	**	32,368
*	Metropolitan Life Insurance Company	Brighthouse/Wellington Large Cap Research Portfolio	**	8,446
*	Metropolitan Life Insurance Company	MFS Value Portfolio	**	20,600
*	Metropolitan Life Insurance Company	Western Asset Management Strategic Bond	**	10,107
*	Metropolitan Life Insurance Company	Brighthouse Asset Allocation 80 Portfolio	**	11,343
*	Metropolitan Life Insurance Company	Brighthouse/Wellington Balanced Portfolio	**	1,346
*	Metropolitan Life Insurance Company	PIMCO Inflation Protected Bond	**	5,000
*	Metropolitan Life Insurance Company	Clarion Global Real Estate	**	3,594
*	Metropolitan Life Insurance Company	TRP Small Cap Growth	**	3,702
*	Metropolitan Life Insurance Company	Morgan Stanley Discovery Portfolio	**	1,755
*	Metropolitan Life Insurance Company	Baillie Gifford International Stock Portfolio	**	582
Total Pooled Separate Accounts				465,860

HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 54-0659912, PLAN NUMBER: 001

JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Guaranteed Investment Contracts (Pooled Separate Accounts - Form 5500):				
*	Metropolitan Life Insurance Company	MetLife Fixed Interest Account	**	\$ 1,627
*	VOYA Investments	Voya Fixed Account (4452)	**	132,102
	Total Guaranteed Investments Contracts (Pooled Separate Accounts - Form 5500)			<u>133,729</u>
Guaranteed Investment Contracts:				
*	TIAA-CREF	TIAA Traditional Non Benefit Responsive	**	2,182,457
*	TIAA-CREF	TIAA Traditional Benefit Responsive	**	904,255
	Total Guaranteed Investments Contracts			<u>3,086,712</u>
Notes Receivable:				
*	Participant Loans	Notes receivable from participants, with interest ranging from 4.25% to 9.50%, maturing through November 2028.	-0-	<u>62,040</u>
	Total Assets (Held at End of Year)			<u><u>\$ 16,555,516</u></u>

* Represents party-in-interest.

** Column (d) cost information is not presented as these assets are self-directed.

HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 54-0659912, PLAN NUMBER: 001

JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Variable Annuities (Mutual Funds - Form 5500):				
*	TIAA-CREF	CREF Stock R1	**	\$ 1,478,043
*	TIAA-CREF	CREF Growth R1	**	1,512,545
*	TIAA-CREF	CREF Equity Index R1	**	1,152,474
*	TIAA-CREF	CREF Global Equities R1	**	718,489
*	TIAA-CREF	CREF Core Bond R1	**	250,293
*	TIAA-CREF	CREF Money Market R1	**	505,706
*	TIAA-CREF	CREF Social Choice R1	**	212,260
*	TIAA-CREF	CREF Inflation-Linked Bond R1	**	123,220
*	TIAA-CREF	TIAA Access Nuv LifCyc 2010 T4	**	12,411
*	TIAA-CREF	TIAA Access Nuv LifCyc 2020 T4	**	150,640
*	TIAA-CREF	TIAA Access Nuv LifCyc 2045 T4	**	125,786
*	TIAA-CREF	TIAA Access Nuv Intl Equity T4	**	115,852
*	TIAA-CREF	TIAA Access Nuv RIEstSecSel T4	**	29,329
*	TIAA-CREF	TIAA Access Nuv LifCyc 2035 T4	**	170,497
*	TIAA-CREF	TIAA Access Nuv LifCyc 2030 T4	**	99,763
*	TIAA-CREF	TIAA Access Nuv Lrg Cap Val T4	**	66,061
*	TIAA-CREF	TIAA Access Nuv LifCyc 2025 T4	**	106,027
*	TIAA-CREF	TIAA Access Nuv Mid-Cap Value T4	**	61,099
*	TIAA-CREF	TIAA Access Nuv Mid-Cap Growth T4	**	44,399
*	TIAA-CREF	TIAA Access Nuv Qt Sm Cp Eq T4	**	47,714
*	TIAA-CREF	TIAA Access Nuv Sm Cp Bl lx T4	**	8,008
*	TIAA-CREF	TIAA Access Nuv Core Pl Bd T4	**	33,147
*	TIAA-CREF	TIAA Access Nuv LifCyc 2050 T4	**	35,856
*	TIAA-CREF	TIAA Access Nuv LifCyc 2055 T4	**	62,807
*	TIAA-CREF	TIAA Access Nuv LgCp Res Eq T4	**	7,073
*	TIAA-CREF	TIAA Access LifCyc 2040 T4	**	22,942
*	TIAA-CREF	TIAA Access Nuv Lrg Cap Gr T4	**	64,250
*	TIAA-CREF	TIAA Access Nuv Equity Index T4	**	8,396
*	TIAA-CREF	TIAA Access Nuv Core Equity T4	**	23,637
*	TIAA-CREF	TIAA Access Nuv LifCyc 2015 T4	**	7,630
*	TIAA-CREF	TIAA Access Nuv LfCy Rt Inc T4	**	5,124
*	TIAA-CREF	TIAA Access Nuv LifCyc 2060 T4	**	89
Total Variable Annuities (Mutual Funds - Form 5500)				7,261,567
Variable Annuities (Pooled Separate Accounts - Form 5500):				
*	VOYA Investments	American Funds 2010 Target Date R6	**	7,424
*	VOYA Investments	American Funds 2015 Target Date R6	**	71,961
*	VOYA Investments	American Funds 2020 Target Date R6	**	468,244
*	VOYA Investments	American Funds 2025 Target Date R6	**	364,582
*	VOYA Investments	American Funds 2030 Target Date R6	**	439,599
*	VOYA Investments	American Funds 2035 Target Date R6	**	971,838
*	VOYA Investments	American Funds 2040 Target Date R6	**	105,440
*	VOYA Investments	American Funds 2045 Target Date R6	**	569,449
*	VOYA Investments	American Funds 2050 Target Date R6	**	188,116
*	VOYA Investments	American Funds 2055 Target Date R6	**	93,792

HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 54-0659912, PLAN NUMBER: 001

JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
Borrower, Lessor, or Similar Party	Identify of Issue,	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Variable Annuities (Pooled Separate Accounts - Form 5500):				
*	VOYA Investments	American Funds 2060 Target Date R6	**	\$ 62,601
*	VOYA Investments	American Funds 2065 Target Date R6	**	61,690
*	VOYA Investments	American Funds Amer Mutual R6	**	525,586
*	VOYA Investments	American Funds Infl Linked Bd Fd R6	**	82,017
*	VOYA Investments	Cohen & Steers Real Estate Secs Fd Z	**	9,722
*	VOYA Investments	Fid S T Bd Idx Fund In Fd	**	16,733
*	VOYA Investments	Fidelity 500 Index Fund	**	204,305
*	VOYA Investments	Fidelity International Idx Fd	**	68,886
*	VOYA Investments	Fidelity Lrg Cp Grwth Ind Fd	**	280,845
*	VOYA Investments	Fidelity US Bd Idx Fund	**	100,974
*	VOYA Investments	Janus Hndrsn Triton Fund N	**	62,124
*	VOYA Investments	JPMorgan Emerging Mkts Eqty Fnd R6	**	109,883
*	VOYA Investments	PGIM High Yield Fund R6	**	5,248
*	VOYA Investments	TRowePrc Blue Chip Growth Fund I	**	360,052
*	VOYA Investments	Victory TrvInt Intl Small-Cap Fd R6	**	16,298
*	VOYA Investments	Allspg Spec Sm Cp Val Fd R6	**	87,041
*	VOYA Investments	Western Asst Core Plus Bond Fund IS	**	8,625
*	VOYA Investments	Fidelity Lg C Val Ind Fd	**	28,208
*	VOYA Investments	MFS Research Intl Fund R6	**	66,749
*	VOYA Investments	PIMCO Income Fund Ins	**	107,576
Total Variable Annuities (Pooled Separate Accounts - Form 5500)				5,545,608
Pooled Separate Accounts:				
*	TIAA-CREF	TIAA Real Estate	**	309,152
*	Metropolitan Life Insurance Company	Frontier MidCap Growth Portfolio	**	16,870
*	Metropolitan Life Insurance Company	MetLife Stock Index Portfolio	**	9,482
*	Metropolitan Life Insurance Company	American Funds Growth Allocation Portfolio	**	31,513
*	Metropolitan Life Insurance Company	Invesco Global Equity	**	32,368
*	Metropolitan Life Insurance Company	Brighthouse/Wellington Large Cap Research Portfolio	**	8,446
*	Metropolitan Life Insurance Company	MFS Value Portfolio	**	20,600
*	Metropolitan Life Insurance Company	Western Asset Management Strategic Bond	**	10,107
*	Metropolitan Life Insurance Company	Brighthouse Asset Allocation 80 Portfolio	**	11,343
*	Metropolitan Life Insurance Company	Brighthouse/Wellington Balanced Portfolio	**	1,346
*	Metropolitan Life Insurance Company	PIMCO Inflation Protected Bond	**	5,000
*	Metropolitan Life Insurance Company	Clarion Global Real Estate	**	3,594
*	Metropolitan Life Insurance Company	TRP Small Cap Growth	**	3,702
*	Metropolitan Life Insurance Company	Morgan Stanley Discovery Portfolio	**	1,755
*	Metropolitan Life Insurance Company	Baillie Gifford International Stock Portfolio	**	582
Total Pooled Separate Accounts				465,860

HAMPTON ROADS ACADEMY
DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 54-0659912, PLAN NUMBER: 001

JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Guaranteed Investment Contracts (Pooled Separate Accounts - Form 5500):				
*	Metropolitan Life Insurance Company	MetLife Fixed Interest Account	**	\$ 1,627
*	VOYA Investments	Voya Fixed Account (4452)	**	132,102
	Total Guaranteed Investments Contracts (Pooled Separate Accounts - Form 5500)			<u>133,729</u>
Guaranteed Investment Contracts:				
*	TIAA-CREF	TIAA Traditional Non Benefit Responsive	**	2,182,457
*	TIAA-CREF	TIAA Traditional Benefit Responsive	**	904,255
	Total Guaranteed Investments Contracts			<u>3,086,712</u>
Notes Receivable:				
*	Participant Loans	Notes receivable from participants, with interest ranging from 4.25% to 9.50%, maturing through November 2028.	-0-	<u>62,040</u>
	Total Assets (Held at End of Year)			<u><u>\$ 16,555,516</u></u>

* Represents party-in-interest.

** Column (d) cost information is not presented as these assets are self-directed.