

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE LEARNING CENTER FOR THE DEAF 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LEARNING CENTER FOR THE DEAF</u></p> <p><u>848 CENTRAL STREET</u> <u>FRAMINGHAM, MA 01701</u></p>	<p>1c Effective date of plan <u>11/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>23-7064431</u></p> <p>2c Plan Sponsor's telephone number <u>508-879-5110</u></p> <p>2d Business code (see instructions) <u>611000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2025	SARAH GLENN-SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	664
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)	358
	6a(2)	369
	6b	
	6c	315
	6d	684
	6e	0
	6f	684
	6g(1)	579
	6g(2)	605
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 2M 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	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> 2 </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 THE LEARNING CENTER FOR THE DEAF 403(B) PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF		D Employer Identification Number (EIN) 23-7064431	

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	366668	231	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
0	0

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1347327
5	Current value of plan's interest under this contract in separate accounts at year end.....	3720048
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1331691
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 57522
	(4) Transferred from separate account.....	7c(4) 1202
	(5) Other (specify below)	7c(5) 1953
	▶	
	(6) Total additions	7c(6) 60677
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1392368
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 45041
	(2) Administration charge made by carrier	7e(2)
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4)
▶		
	(5) Total deductions	7e(5) 45041
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 1347327

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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 THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431

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	1080679	6	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 0	(b) Total amount of fees paid 0
---	--

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

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	(c) Amount	(d) Purpose	

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

(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	32328
5	Current value of plan's interest under this contract in separate accounts at year end.....	72887
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 31198
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 1200
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5)
	(6) Total additions	7c(6) 1200
d	Total of balance and additions (add lines 7b and 7c(6))	7d 32398
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier	7e(2) 70
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4)
(5) Total deductions	7e(5) 70	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 32328

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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 THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431	

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	730 THIRD AVENUE NEW YORK, NY 10017-3206
13-1624203	

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

METROPOLITAN LIFE INSURANCE CO.	PO BOX 10356 DES MOINES, IA 50306-0295
13-5581829	

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

FIDELITY INVESTMENTS	
04-2647786	

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

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

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

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

RPW SOLUTIONS, LLC.

300 BALLARDVALE STREET
WILMINGTON, MA 01887

(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 17 37 70 99	TPA, ADVISOR	8330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GLOBAL RETIREMENT PARTNERS, LLC

4340 REDWOOD HWY #B-60
SAN RAPHAEL, CA 94903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17 37 50 70 99	BROKER DEALER OF ADVISOR	27137	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	18205	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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.	OMB No. 1210-0110 <hr/> 2023 <hr/> 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>THE LEARNING CENTER FOR THE DEAF 403(B) 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>LEARNING CENTER FOR THE DEAF</u>	D Employer Identification Number (EIN) <u>23-7064431</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)
---------------	--

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>151756</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>METLIFE FIXED INTEREST ACCOUNT</u>		
b Name of sponsor of entity listed in (a):	<u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN	<u>13-5581829-000</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>32328</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>METLIFE CALVERT VP BALANCED</u>		
b Name of sponsor of entity listed in (a):	<u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN	<u>13-5581829-000</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>32298</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>METLIFE BH WELLINGTON BALANCED</u>		
b Name of sponsor of entity listed in (a):	<u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN	<u>13-5581829-000</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>36328</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>METLIFE BH/W LARGE CAP RESEARCH</u>		
b Name of sponsor of entity listed in (a):	<u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN	<u>13-5581829-000</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>4181</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>METLIFE FRONTIER MID CAP GROWTH</u>		
b Name of sponsor of entity listed in (a):	<u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN	<u>13-5581829-000</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>61</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)

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(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)	1185
(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)	42308 32126
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	248442 224624
(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)	21061931 24443591
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1362889 1379655
(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	22716755	26079996
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	22716755	26079996

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)	185355	
(B) Participants	2a(1)(B)	1082507	
(C) Others (including rollovers)	2a(1)(C)	41059	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1308921
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)	3271	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3271
(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)	536467	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		536467
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2651749
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4500408

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1085015	
(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)		1085015
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-1294
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	53446	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		53446
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1137167

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3363241
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: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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>THE LEARNING CENTER FOR THE DEAF 403(B) 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>LEARNING CENTER FOR THE DEAF</u>	D Employer Identification Number (EIN) <u>23-7064431</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	
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): <u>13-1624203</u> <u>13-5581829</u> 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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 J500784A.

The Learning Center for the Deaf 403(b) Plan

Financial Statements and Supplemental Schedule

June 30, 2024 and 2023

The Learning Center for the Deaf 403(b) Plan

June 30, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator of
The Learning Center for the Deaf 403(b) Plan

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

We have performed audits of the financial statements of The Learning Center for the Deaf 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of 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 Learning Center for the Deaf 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Learning Center for the Deaf 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Learning Center for the Deaf 403(b) Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Learning Center for the Deaf 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Learning Center for the Deaf 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of June 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Braintree, Massachusetts
April 10, 2025

The Learning Center for the Deaf 403(b) Plan

Statements of Net Assets Available for Benefits

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investments at fair value		
Money market funds and mutual funds	\$ 20,875,300	\$ 17,918,037
Variable annuity contracts	3,568,291	3,145,079
Fixed annuity contract - non-benefit responsive	558,684	535,225
Pooled separate accounts	224,624	248,442
Total investments at fair value	<u>25,226,899</u>	<u>21,846,783</u>
Investments at contract value		
Insurance company general accounts	820,971	827,664
Total investments	<u>26,047,870</u>	<u>22,674,447</u>
Receivables		
Notes receivable from participants	32,126	42,308
Net assets available for benefits	<u><u>\$ 26,079,996</u></u>	<u><u>\$ 22,716,755</u></u>

See accompanying notes to the financial statements.

The Learning Center for the Deaf 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
For the year ended June 30, 2024

Additions

Investment income

Net appreciation in fair value of investments	\$ 2,651,749
Interest and dividends	536,467

Total investment income	3,188,216
--------------------------------	------------------

Interest income on notes receivable from participants	3,271
---	-------

Contributions

Participant contributions	1,082,507
Employer contributions	185,355
Rollovers	41,059

Total contributions	1,308,921
----------------------------	------------------

Total additions	4,500,408
------------------------	------------------

Deductions

Benefits paid to participants	1,083,721
Administrative expenses	53,446

Total deductions	1,137,167
-------------------------	------------------

Net increase	3,363,241
---------------------	------------------

Net assets available for benefits	
Beginning of year	22,716,755

End of year	\$ 26,079,996
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See accompanying notes to the financial statements.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

1. DESCRIPTION OF PLAN

The following description of The Learning Center for the Deaf 403(b) 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 established effective November 1, 1993, as restated July 1, 2019. The Plan covers all employees of The Learning Center for the Deaf (the Organization). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The plan administrator is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to plan management.

Contributions - Each year, participants may contribute a specific dollar amount or percentage of their pretax annual compensation up to the maximum allowed by the Internal Revenue Code (IRC), as defined in the Plan. Participants also may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year, as well as participants who have worked for the Organization for at least 15 years, are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

There are no years of service or age requirements for employees to defer a portion of their compensation. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6 percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

The Organization may make a discretionary matching contribution as defined by the Plan. There are no years of service or age requirement for employees to be eligible for the employer discretionary matching contribution. For the year ended June 30, 2024, the Organization contributed 25 percent of the first 6 percent of base compensation that a participant contributed to the Plan through salary deferrals. For the year ended June 30, 2024, \$185,355 of discretionary matching contributions were made to the Plan.

Additional discretionary amounts may be contributed by the Organization at the option of the plan administrator. For the year ended June 30, 2024, there were no discretionary contributions to the Plan. Participants are eligible for other discretionary employer contributions upon reaching the age of 21, completion of a minimum of 1,000 salary hours within the fiscal year, completion of 2 years of service and the participant must be employed through the end of the fiscal year as defined by the Plan.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts - Each participant's account is credited with the participant's contributions and allocations of the Organization's matching contributions, Organization's discretionary contributions and an allocation of the Plan's earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, 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 immediately vested in their contributions, the Organization's discretionary matching contributions and the earnings thereon. Vesting in the Organization's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service as defined by the Plan. A participant is 100 percent vested in the Organization's discretionary matching contribution portion of their accounts after two years of credited service. Notwithstanding the foregoing, a participant shall be 100 percent vested in and have a non-forfeitable right to his or her account upon retirement, death or total and permanent disability while in service.

Plan loans - Participants may borrow directly from TIAA, subject to certain limitations, by using a portion of their Plan account as security for the plan loan. These loans do not occur directly within a participant's account but rather through a designated custodian account. Outstanding loan balances were \$8,300 and \$7,871 at June 30, 2024 and 2023, respectively, and are not reported within the accompanying financial statements of the Plan but serve as collateral against the outstanding plan loan balances. Interest on these loans is paid directly to the custodian. The loan may not exceed the lesser of 50 percent of the present value of the non-forfeitable participant's account balance or \$50,000. The maximum term of a loan may not exceed five years, unless it is for the purpose of buying, building, or substantially rehabilitating a personal residence, in which case it is not to exceed 15 years. The loans bear interest either monthly or quarterly at a fixed rate determined at the time a loan is authorized.

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 loans are secured by the balance in the participant's account. The loan interest rate, determined daily, is set at 1% above the prime rate, as defined. Principal and interest are paid ratably through bi-weekly payroll deductions. Terms range up to five years or greater for the purchase of a primary residence.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

Payment of benefits - On termination of service due to death, disability, or retirement, 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, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. A participant with a vested balance of less than \$5,000 may elect to receive a lump sum amount equal to the value of his or her vested account or may elect to roll over to an IRA with participant consent. With no consent, the Plan may automatically rollover the vested balance to an IRA in accordance with Plan provisions. The Plan may also automatically distribute to terminated participants their entire vested account balances not exceeding \$1,000 (involuntary cash-out). In addition, the Plan allows for hardship distributions if certain criteria are met.

Forfeited accounts - At June 30, 2024 and 2023, forfeited nonvested accounts totaled \$676 and \$21,124, respectively. These accounts may be used to reduce future employer contributions or to pay plan administrative expenses. During 2024, employer contributions were reduced by \$31,211 from forfeited nonvested accounts, in accordance with plan provisions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment valuation and income recognition - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 3 for discussion of fair value measurements.

The Plan's investments in fully benefit-responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally 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. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of June 30, 2024 and 2023.

Payment of benefits - Benefits are recorded when paid.

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

Subsequent events - Subsequent events were evaluated through April 10, 2025, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs to the valuation technique 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 technique 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 technique are unobservable and significant to the fair value measurement.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at June 30, 2024 and 2023.

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

Variable annuity contracts - Variable annuity contracts are valued at the NAV of shares held at year end which is based upon the fair value of the underlying investments. The NAV is used as a practical expedient to estimate fair value. The Plan's interest in the variable annuity contracts are based on the information reported by the contract holder.

Fixed annuity contract - non-benefit-responsive - The TIAA Traditional Annuity is reported at contract value which approximates fair value. The determination is based on TIAA's credit rating and yield being comparable to similar alternative investments and the interest rate which resets annually being comparable to a ten year treasury bond.

Pooled separate accounts - Valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist of mutual funds, each of which follows a separate investment strategy. Due to the nature of these pooled accounts, there are no unfunded commitments or redemption restrictions.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023:

Assets at Fair Value as of June 30, 2024

	Level 1	Level 2	Level 3	Total
Money market funds and mutual funds	\$ 20,875,300	\$ -	\$ -	\$ 20,875,300
Fixed annuity contract - non-fully-benefit-responsive	-	-	558,684	558,684
Total assets in the fair value hierarchy	<u>20,875,300</u>	<u>-</u>	<u>558,684</u>	<u>21,433,984</u>
Investments measured at net asset value (a)	-	-	-	3,792,915
Total investments at fair value	<u>\$ 20,875,300</u>	<u>\$ -</u>	<u>\$ 558,684</u>	<u>\$ 25,226,899</u>

Assets at Fair Value as of June 30, 2023

	Level 1	Level 2	Level 3	Total
Money market funds and mutual funds	\$ 17,918,037	\$ -	\$ -	\$ 17,918,037
Fixed annuity contract - non-fully-benefit-responsive	-	-	535,225	535,225
Total assets in the fair value hierarchy	<u>17,918,037</u>	<u>-</u>	<u>535,225</u>	<u>18,453,262</u>
Investments measured at net asset value (a)	-	-	-	3,393,521
Total investments at fair value	<u>\$ 17,918,037</u>	<u>\$ -</u>	<u>\$ 535,225</u>	<u>\$ 21,846,783</u>

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Changes in Fair Value of Level 3 Assets

For the years ended June 30, 2024 and 2023, there were no significant transfers of investments in or out of level 3.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

Changes in fair value of the Plan's level 3 investments during the years ended June 30, 2024 and 2023, are as follows:

	Fixed Annuity Contract Non- Benefit- Responsive
Balance at June 30, 2022	\$ 541,855
Net transfers out	(344)
Contributions	-
Interest	23,716
Withdrawals	(30,002)
Balance at June 30, 2023	535,225
Net transfers in	501
Contributions	-
Interest	27,069
Withdrawals	(4,111)
Balance at June 30, 2024	\$ 558,684

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

June 30, 2024	Unfunded Fair Value	Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Variable annuity contracts (a)	\$ 3,568,291	n/a	Daily	None
Pooled separate accounts:				
Real Estate funds (b)	151,756	n/a	Daily	60 Days
Balanced funds (c)	36,328	n/a	Daily	60 Days
Allocation funds (d)	32,298	n/a	Daily	60 Days
Large cap growth funds (e)	4,181	n/a	Daily	60 Days
Aggressive growth funds (f)	61	n/a	Daily	60 Days
Total	\$ 3,792,915			

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

June 30, 2023	Unfunded Fair Value	Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Variable annuity contracts (a)	\$ 3,145,079	n/a	Daily	None
Pooled separate accounts:				
Real Estate funds (b)	186,190	n/a	Daily	60 days
Balanced funds (c)	31,583	n/a	Daily	60 days
Allocation funds (d)	27,232	n/a	Daily	60 days
Large cap growth funds (e)	3,380	n/a	Daily	60 days
Aggressive growth funds (f)	57	n/a	Daily	60 days
Total	\$ 3,393,521			

The investment strategies of the investments using the NAV of the investment are as follows:

- a. The variable annuity contracts invest in various bonds and common stocks seeking a long-term rate of return based on the funds description. Participant directed withdrawals may be made on any business day. Withdrawals directed by the Organization must be preceded by written notice.
- b. The real estate funds seek favorable long-term returns primarily through rental income and appreciation of real estate and real estate-related investments owned by the funds.
- c. The balanced funds seek high total return while attempting to limit investment risk and preserve capital.
- d. The allocation funds seek to achieve a competitive total return through an actively managed portfolio of stocks, bonds, and money market instruments that offer income and capital growth opportunity.
- e. The large cap growth funds seek long-term growth of capital.
- f. The aggressive growth fund seeks maximum capital appreciation.

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan holds a portfolio of guaranteed fixed annuity contracts that comprise traditional investment contracts. Each contract is fully and unconditionally guaranteed by TIAA and CREF (TIAA Traditional Benefit Responsive Fund).

A portion of these contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The remaining portion of the guaranteed fixed annuity contract is non-fully benefit responsive and is therefore reported at fair value. The following represent the value of investment contracts held by the Plan.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Fixed annuity contract - non-fully benefit-responsive	\$ 558,684	\$ 535,225
Fixed annuity contract - fully benefit-responsive	\$ 820,971	\$ 827,664

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3.00%. The crediting rate is reviewed on an annual basis for resetting. The contract cannot be terminated before the scheduled maturity date.

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. These events may be different under each contract. Such events include:

1. amendments to the plan documents (including complete or partial plan termination or merger with another plan);
2. changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions;
3. bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan;
4. the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; or,
5. premature termination of the contract.

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

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. These events may be different under each contract. Such events include:

1. an uncured violation of the Plan's investment guidelines;
2. a breach of material obligation under the contract;
3. a material misrepresentation; or,
4. a material amendment to the agreement without the consent of the issuer.

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

5. INFORMATION CERTIFIED BY CUSTODIANS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, TIAA and CREF, Metropolitan Life Insurance Company, Fidelity Management Trust Company and Empower Trust Company, LLC, the Custodians of the Plan, have certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023, and the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2024, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended June 30, 2024.

6. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by TIAA and CREF, Metropolitan Life Insurance Company, Fidelity Management Trust Company and Empower Trust Company, LLC, which are Custodians as defined by the Plan, and therefore, these transactions qualify as party in interest transactions.

Fees paid by the Plan for the custodian fees are reported as administrative expenses in the statement of changes in net assets available for benefits. Notes receivable from participants are also party in interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan.

7. PLAN TERMINATION

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

The Learning Center for the Deaf 403(b) Plan

Notes to the Financial Statements

June 30, 2024 and 2023

8. TAX STATUS

The Plan adopted a volume submitter plan offered by Summit Financial Corporation stating that the written form of the underlying specimen plan is qualified under Section 403(b) of the IRC. The volume submitter plan received an IRS Opinion Letter dated March 31, 2017, that the Plan is designed in accordance with the applicable sections of the IRC. The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. RISKS AND UNCERTAINTIES

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

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Schedule H Parts I and II of Form 5500 are in substantial agreement with the Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023, and the Statement of Changes in Net Assets Available for Benefits for the plan year ended June 30, 2024, and there are no reconciling items.

Supplemental Schedule

The Learning Center for the Deaf 403(b) Plan

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

EIN: 23-7064431 Plan Number: 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
TIAA & CREF				
*	CREF Stock	Variable Annuity Contract	**	\$ 1,061,721
*	TIAA Traditional Benefit Responsive	Insurance Company General Contract	**	780,343
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity Contract	**	558,684
*	CREF Growth	Variable Annuity Contract	**	457,566
*	CREF Social Choice	Variable Annuity Contract	**	317,174
*	CREF Money Market	Variable Annuity Contract	**	306,098
*	TIAA Access Nuveen Lifecycle 2045	Variable Annuity Contract	**	240,720
*	CREF Equity Index R1	Variable Annuity Contract	**	159,195
*	TIAA Real Estate	Pooled Separate Account	**	151,756
*	TIAA Access Nuveen Lifecycle 2035	Variable Annuity Contract	**	145,939
*	TIAA Access Nuveen Lifecycle 2025	Variable Annuity Contract	**	138,252
*	CREF Global Equities R1	Variable Annuity Contract	**	132,953
*	CREF Core Bond R1	Variable Annuity Contract	**	128,579
*	TIAA Access Nuveen Lifecycle 2030	Variable Annuity Contract	**	118,115
*	TIAA Access Nuveen Lifecycle 2040	Variable Annuity Contract	**	100,885
*	TIAA Access Nuveen Lifecycle 2050	Variable Annuity Contract	**	89,208
*	CREF Inflation-Linked Bond R1	Variable Annuity Contract	**	43,101
*	TIAA Access Nuveen Lifecycle 2020	Variable Annuity Contract	**	29,588
*	TIAA Access Nuveen Lifecycle 2010	Variable Annuity Contract	**	24,415
*	TIAA Access Nuveen Intl Equity	Variable Annuity Contract	**	23,759
*	TIAA Access Nuveen Large Cap Value	Variable Annuity Contract	**	16,690
*	TIAA Access Nuveen Mid Cap Value	Variable Annuity Contract	**	8,933
*	Plan Loan Default Fund	Insurance Company General Contract	**	8,300
*	TIAA Access Nuveen Sm Cp Bl Idx	Variable Annuity Contract	**	6,247
*	TIAA Access Nuveen Equity Idx	Variable Annuity Contract	**	5,869
*	TIAA Access Nuveen RIEstSecSel	Variable Annuity Contract	**	4,904
*	TIAA Access Nuveen Qt Sm Cp Eq	Variable Annuity Contract	**	4,242
*	TIAA Access Nuveen Core Equity	Variable Annuity Contract	**	3,329
*	TIAA Access Nuveen Core PI Bd	Variable Annuity Contract	**	692
*	TIAA Access Nuveen LgCp Res Eq	Variable Annuity Contract	**	117
				5,067,374
Fidelity				
*	Fidelity Contra Fund	Mutual Fund	**	156,361
*	Fidelity Growth & Income	Mutual Fund	**	79,412
*	Fidelity Total Market Index	Mutual Fund	**	66,835
*	Fidelity Balanced	Mutual Fund	**	65,373
*	Fidelity Fund	Mutual Fund	**	57,450
*	Fidelity Magellan	Mutual Fund	**	44,786
*	Fidelity Asset Manager 50%	Mutual Fund	**	42,706
*	Fidelity Select Healthcare	Mutual Fund	**	40,153
*	Fidelity Intl Index	Mutual Fund	**	23,925

See independent auditor's report.

The Learning Center for the Deaf 403(b) Plan

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

EIN: 23-7064431 Plan Number: 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity 500 Index	Mutual Fund	**	\$ 21,318
*	Fidelity Diversifd Intl	Mutual Fund	**	18,356
*	Fidelity Freedom 2040	Mutual Fund	**	12,762
*	Fidelity Select Utilities	Mutual Fund	**	8,840
*	Fidelity Select Communications Services	Mutual Fund	**	4,753
*	Fidelity Freedom 2030	Mutual Fund	**	4,141
*	Fidelity Select Tec Hardware	Mutual Fund	**	3,254
*	Fidelity Intermediate Bond	Mutual Fund	**	907
*	Fidelity Govt Cash Reserve	Money Market Fund	**	700
*	Fidelity Government Money Market	Money Market Fund	**	545
				652,577
Metlife				
	Brighthouse/Wellington Balanced Portfolio	Pooled separate account	**	36,328
*	Guaranteed Fixed Account	Insurance company general account	**	32,328
	Calvert VP SRI Balanced Portfolio	Pooled separate account	**	32,298
	Brighthouse/Wellington Large Cap Research Portfolio	Pooled separate account	**	4,181
	Frontier Mid Cap Growth Portfolio	Pooled separate account	**	61
				105,196
Empower				
	Vanguard Target Retirement 2045 Inv	Mutual Fund	**	2,940,092
	Vanguard Target Retirement 2050 Inv	Mutual Fund	**	2,824,443
	Vanguard Target Retirement 2030 Inv	Mutual Fund	**	2,789,738
	Vanguard Target Retirement 2025 Inv	Mutual Fund	**	2,552,423
	Vanguard Target Retirement 2035 Inv	Mutual Fund	**	2,212,128
	Vanguard Target Retirement 2040 Inv	Mutual Fund	**	1,947,885
	Vanguard 500 Index Admiral	Mutual Fund	**	966,832
	Vanguard Target Retirement 2055 Inv	Mutual Fund	**	823,363
	Vanguard Target Retirement 2020 Inv	Mutual Fund	**	769,052
	Federated Hermes Govt Obligations FD PRM	Mutual Fund	**	377,514
	Vanguard Target Retirement 2060 Inv	Mutual Fund	**	370,620
	MFS Growth R6	Mutual Fund	**	252,743
	Vanguard Target Retirement Income Inv	Mutual Fund	**	178,068
	Blackrock Capital Appreciation K	Mutual Fund	**	141,618
	American Funds Washington Mutual R6	Mutual Fund	**	95,104
	Mfs Mid Cap Value R6	Mutual Fund	**	93,840
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund	**	93,242
	MFS Value R6	Mutual Fund	**	87,444
	Vanguard Small Cap Index Adm	Mutual Fund	**	84,189
	DFA US Targeted Value I	Mutual Fund	**	78,706
	Vanguard Interm-Term Treasury Adm	Mutual Fund	**	78,458
	Vanguard International Value Portfolio	Mutual Fund	**	65,238

See independent auditor's report.

The Learning Center for the Deaf 403(b) Plan

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

EIN: 23-7064431 Plan Number: 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Invesco Developing Markets R6	Mutual Fund	**	\$ 53,298
	PGIM Global Real Estate R6	Mutual Fund	**	46,833
	Delaware Ivy Mid Cap Growth R6	Mutual Fund	**	34,422
	American Funds Europacific Gr R6	Mutual Fund	**	34,337
	Vanguard Total Intl Stock Index Admiral	Mutual Fund	**	30,489
*	Fidelity Advisor Strategic Income Z	Mutual Fund	**	29,594
	JPMorgan Core Bond R6	Mutual Fund	**	27,980
	Allspring Small Company Growth R6	Mutual Fund	**	26,472
	Vanguard Strategic Small-Cap Equity Inv	Mutual Fund	**	23,596
	Vanguard Target Retirement 2065 Inv	Mutual Fund	**	23,011
	American Funds Capital World Bond R6	Mutual Fund	**	19,550
*	Fidelity Advisor International Cap App Z	Mutual Fund	**	17,126
	Principal High Yield R6	Mutual Fund	**	15,362
	American Funds Fundamental Investors R6	Mutual Fund	**	10,055
	Vanguard Strategic Equity Inv	Mutual Fund	**	7,858
				20,222,723
*	Notes receivable from participants	Interest rates 4.25% to 9.5%, maturing through 2028		32,126
				\$ 26,079,996

* Denotes a party in interest.

** Cost information has been omitted for participant-directed investments.

See independent auditor's report.

The Learning Center for the Deaf 403(b) Plan

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

EIN: 23-7064431 Plan Number: 001

June 30, 2024

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*	CREF Global Equities R1	Variable Annuity Contract	**	132,953
*	CREF Core Bond R1	Variable Annuity Contract	**	128,579
*	TIAA Access Nuveen Lifecycle 2030	Variable Annuity Contract	**	118,115
*	TIAA Access Nuveen Lifecycle 2040	Variable Annuity Contract	**	100,885
*	TIAA Access Nuveen Lifecycle 2050	Variable Annuity Contract	**	89,208
*	CREF Inflation-Linked Bond R1	Variable Annuity Contract	**	43,101
*	TIAA Access Nuveen Lifecycle 2020	Variable Annuity Contract	**	29,588
*	TIAA Access Nuveen Lifecycle 2010	Variable Annuity Contract	**	24,415
*	TIAA Access Nuveen Intl Equity	Variable Annuity Contract	**	23,759
*	TIAA Access Nuveen Large Cap Value	Variable Annuity Contract	**	16,690
*	TIAA Access Nuveen Mid Cap Value	Variable Annuity Contract	**	8,933
*	Plan Loan Default Fund	Insurance Company General Contract	**	8,300
*	TIAA Access Nuveen Sm Cp Bl Idx	Variable Annuity Contract	**	6,247
*	TIAA Access Nuveen Equity Idx	Variable Annuity Contract	**	5,869
*	TIAA Access Nuveen RIEstSecSel	Variable Annuity Contract	**	4,904
*	TIAA Access Nuveen Qt Sm Cp Eq	Variable Annuity Contract	**	4,242
*	TIAA Access Nuveen Core Equity	Variable Annuity Contract	**	3,329
*	TIAA Access Nuveen Core PI Bd	Variable Annuity Contract	**	692
*	TIAA Access Nuveen LgCp Res Eq	Variable Annuity Contract	**	117
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Fidelity				
*	Fidelity Contra Fund	Mutual Fund	**	156,361
*	Fidelity Growth & Income	Mutual Fund	**	79,412
*	Fidelity Total Market Index	Mutual Fund	**	66,835
*	Fidelity Balanced	Mutual Fund	**	65,373
*	Fidelity Fund	Mutual Fund	**	57,450
*	Fidelity Magellan	Mutual Fund	**	44,786
*	Fidelity Asset Manager 50%	Mutual Fund	**	42,706
*	Fidelity Select Healthcare	Mutual Fund	**	40,153
*	Fidelity Intl Index	Mutual Fund	**	23,925

See independent auditor's report.

The Learning Center for the Deaf 403(b) Plan

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

EIN: 23-7064431 Plan Number: 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity 500 Index	Mutual Fund	**	\$ 21,318
*	Fidelity Diversifd Intl	Mutual Fund	**	18,356
*	Fidelity Freedom 2040	Mutual Fund	**	12,762
*	Fidelity Select Utilities	Mutual Fund	**	8,840
*	Fidelity Select Communications Services	Mutual Fund	**	4,753
*	Fidelity Freedom 2030	Mutual Fund	**	4,141
*	Fidelity Select Tec Hardware	Mutual Fund	**	3,254
*	Fidelity Intermediate Bond	Mutual Fund	**	907
*	Fidelity Govt Cash Reserve	Money Market Fund	**	700
*	Fidelity Government Money Market	Money Market Fund	**	545
				652,577
Metlife				
	Brighthouse/Wellington Balanced Portfolio	Pooled separate account	**	36,328
*	Guaranteed Fixed Account	Insurance company general account	**	32,328
	Calvert VP SRI Balanced Portfolio	Pooled separate account	**	32,298
	Brighthouse/Wellington Large Cap Research Portfolio	Pooled separate account	**	4,181
	Frontier Mid Cap Growth Portfolio	Pooled separate account	**	61
				105,196
Empower				
	Vanguard Target Retirement 2045 Inv	Mutual Fund	**	2,940,092
	Vanguard Target Retirement 2050 Inv	Mutual Fund	**	2,824,443
	Vanguard Target Retirement 2030 Inv	Mutual Fund	**	2,789,738
	Vanguard Target Retirement 2025 Inv	Mutual Fund	**	2,552,423
	Vanguard Target Retirement 2035 Inv	Mutual Fund	**	2,212,128
	Vanguard Target Retirement 2040 Inv	Mutual Fund	**	1,947,885
	Vanguard 500 Index Admiral	Mutual Fund	**	966,832
	Vanguard Target Retirement 2055 Inv	Mutual Fund	**	823,363
	Vanguard Target Retirement 2020 Inv	Mutual Fund	**	769,052
	Federated Hermes Govt Obligations FD PRM	Mutual Fund	**	377,514
	Vanguard Target Retirement 2060 Inv	Mutual Fund	**	370,620
	MFS Growth R6	Mutual Fund	**	252,743
	Vanguard Target Retirement Income Inv	Mutual Fund	**	178,068
	Blackrock Capital Appreciation K	Mutual Fund	**	141,618
	American Funds Washington Mutual R6	Mutual Fund	**	95,104
	Mfs Mid Cap Value R6	Mutual Fund	**	93,840
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund	**	93,242
	MFS Value R6	Mutual Fund	**	87,444
	Vanguard Small Cap Index Adm	Mutual Fund	**	84,189
	DFA US Targeted Value I	Mutual Fund	**	78,706
	Vanguard Interm-Term Treasury Adm	Mutual Fund	**	78,458
	Vanguard International Value Portfolio	Mutual Fund	**	65,238

See independent auditor's report.

The Learning Center for the Deaf 403(b) Plan

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

EIN: 23-7064431 Plan Number: 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Invesco Developing Markets R6	Mutual Fund	**	\$ 53,298
	PGIM Global Real Estate R6	Mutual Fund	**	46,833
	Delaware Ivy Mid Cap Growth R6	Mutual Fund	**	34,422
	American Funds Europacific Gr R6	Mutual Fund	**	34,337
	Vanguard Total Intl Stock Index Admiral	Mutual Fund	**	30,489
*	Fidelity Advisor Strategic Income Z	Mutual Fund	**	29,594
	JPMorgan Core Bond R6	Mutual Fund	**	27,980
	Allspring Small Company Growth R6	Mutual Fund	**	26,472
	Vanguard Strategic Small-Cap Equity Inv	Mutual Fund	**	23,596
	Vanguard Target Retirement 2065 Inv	Mutual Fund	**	23,011
	American Funds Capital World Bond R6	Mutual Fund	**	19,550
*	Fidelity Advisor International Cap App Z	Mutual Fund	**	17,126
	Principal High Yield R6	Mutual Fund	**	15,362
	American Funds Fundamental Investors R6	Mutual Fund	**	10,055
	Vanguard Strategic Equity Inv	Mutual Fund	**	7,858
				20,222,723
*	Notes receivable from participants	Interest rates 4.25% to 9.5%, maturing through 2028		32,126
				\$ 26,079,996

* Denotes a party in interest.

** Cost information has been omitted for participant-directed investments.

See independent auditor's report.