

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan): MARTHA JEFFERSON HOUSE
2b Employer Identification Number (EIN): 54-1401371
2c Plan Sponsor's telephone number: 434-293-6136
2d Business code (see instructions): 623000

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

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

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

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

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<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	123
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	61
	<b>6a(2)</b>	59
	<b>6b</b>	9
	<b>6c</b>	44
	<b>6d</b>	112
	<b>6e</b>	0
	<b>6f</b>	112
	<b>6g(1)</b>	94
<b>6g(2)</b>	92	
<b>6h</b>	2	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2A 2F 2G 2L 2M 2T 3D 2E

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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**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.

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**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 \_\_\_\_\_

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**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 **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MARTHA JEFFERSON HOUSE</b>		<b>D</b> Employer Identification Number (EIN) <b>54-1401371</b>

**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

**LINCOLN NATIONAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-0472300</b>	<b>65676</b>	<b>CR30526</b>	<b>44</b>	<b>10/01/2023</b>	<b>09/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>2405</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**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

**OSAIC FA INC**

**P.O. BOX 2239  
FORT WAYNE, IN 46801-2239**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>2164</b>	<b>0</b>	<b>SALES AND BASE COMMISSIONS</b>	<b>4</b>

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

**LPL FNCL CORP**

**C-O LPL  
SAN DIEGO, CA 92121**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>241</b>	<b>0</b>	<b>SALES AND BASE COMMISSIONS</b>	<b>4</b>

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Schedule A (Form 5500) 2023  
v. 230707

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 774550

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	0	
(2) Dividends and credits .....	<b>7c(2)</b>	0	
(3) Interest credited during the year .....	<b>7c(3)</b>	25629	
(4) Transferred from separate account.....	<b>7c(4)</b>		
(5) Other (specify below) .....	<b>7c(5)</b>		

(6) Total additions..... **7c(6)** 25629

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 800179

<b>e</b> Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	59992	
(2) Administration charge made by carrier .....	<b>7e(2)</b>		
(3) Transferred to separate account.....	<b>7e(3)</b>		
(4) Other (specify below) .....	<b>7e(4)</b>		

(5) Total deductions..... **7e(5)** 59992

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 740187

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	0
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	0
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	
<b>10</b> Nonexperience-rated contracts:			
<b>a</b> Total premiums or subscription charges paid to carrier .....		<b>10a</b>	
<b>b</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 .....		<b>10b</b>	
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. ▶



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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	46916
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	7530
	<b>7c(2)</b>	9
	<b>7c(3)</b>	963
	<b>7c(4)</b>	147547
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	156049
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	202965
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	2550
	<b>7e(2)</b>	215
	<b>7e(3)</b>	147547
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	150312
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	52653

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MARTHA JEFFERSON HOUSE</b>	<b>D</b> Employer Identification Number (EIN) <b>54-1401371</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

**(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

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**(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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MARTHA JEFFERSON HOUSE</b>	<b>D</b> Employer Identification Number (EIN) <b>54-1401371</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	20817	21757
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1390139	1405378
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	753733	718430
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2164689	2145565
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	2164689	2145565

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	106788	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	49665	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		156453
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	940	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		940
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	24702	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		24702
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		312822
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		494917

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	508092	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		508092
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	5949	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		5949
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		514041

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-19124
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **WALKER HEALTHCARE SERVICES GROUP**

(2) EIN: **54-1643141**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		300000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MARTHA JEFFERSON HOUSE</u>	<b>D</b> Employer Identification Number (EIN) <u>54-1401371</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 35-1140070 31-4156830

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
--	---	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> 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) .....	<b>14a</b>	
<b>b</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) .....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE**

*Financial Statements*

**September 30, 2024 and 2023**

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE**

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Walker Healthcare  
Services Group  
Certified Public Accountants

**Independent Auditor's Report**

To the Plan Administrator of  
Retirement Income Plan for Employees of Martha Jefferson House  
Charlottesville, Virginia

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

We have performed an audit of the accompanying financial statements of Retirement Income Plan for Employees of Martha Jefferson House (“the Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s 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 banks or similar institutions or insurance carriers in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institutions”).

Management has obtained a certification from qualified institutions as of and for the years ended September 30, 2024 and 2023, 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 Audits of the Financial Statements:

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

### **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 Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### **Auditor's Responsibilities for the Audits of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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.

#### **Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of and for the year ended September 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA

- The information in the supplemental schedule that is 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).

*Walker Healthcare Services Group*

Certified Public Accountants  
Roanoke, Virginia  
June 13, 2025

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE**  
Statements of Net Assets Available for Benefits  
September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at fair value	\$ 1,352,724	\$ 1,343,224
Investments, at contract value	<u>771,084</u>	<u>800,648</u>
Total investments	<u>2,123,808</u>	<u>2,143,872</u>
Receivables:		
Notes from participants	<u>21,757</u>	<u>20,817</u>
Total receivables	<u>21,757</u>	<u>20,817</u>
Total assets	<u>2,145,565</u>	<u>2,164,689</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 2,145,565</u>	<u>\$ 2,164,689</u>

*See accompanying notes to financial statements.*

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE**

**Statements of Changes in Net Assets Available for Benefits  
For the Years Ended September 30, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>ADDITIONS</b>		
Investment income:		
Net appreciation in fair value of investments, including realized gains and losses	\$ 312,822	\$ 108,746
Interest and dividends	24,702	91,279
Total investment income	337,524	200,025
Contributions:		
Sponsor's	106,788	93,140
Participants'	49,665	54,168
Participant rollovers	-	34,278
Total contributions	156,453	181,586
Interest on notes from participants	940	770
Total additions	494,917	382,381
<b>DEDUCTIONS</b>		
Benefits paid to participants	508,092	236,192
Administrative fees	5,949	11,283
Total deductions	514,041	247,475
Net increase (decrease)	(19,124)	134,906
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	2,164,689	2,029,783
End of year	\$ 2,145,565	\$ 2,164,689

*See accompanying notes to financial statements.*

# RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE

## Notes to Financial Statements

For the Years Ended September 30, 2024 and 2023

### NOTE 1: PLAN DESCRIPTION

The following description of the Retirement Income Plan for Employees of Martha Jefferson House (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General:** The Plan is a defined contribution 403(b) plan covering all non-excluded employees of the Martha Jefferson House (the Sponsor). The Plan was originally effective July 1, 1983, and was amended and restated and effective October 1, 2018. Independent contractors who are considered leased employees of the employer for certain federal income tax purposes are not employees and are not eligible to participate in the Plan. Eligible employees may make voluntary deferral contributions as of their employment commencement date. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Contributions:** The Plan allows eligible participants to make voluntary deferral contributions up to the maximum percentage allowable not to exceed the limits of Code Section 403(b). Participants may also contribute amounts representing distributions from other qualified plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct their contributions into various investment options. The Plan provides for the Sponsor to contribute a discretionary amount of eligible pay to each participant's account. Eligible participants must have attained 21 years of age, completed one year of service, and be an employee of the employer on the last day of the Plan year to be eligible to receive employer contributions. A year of service is defined as completing 1,000 hours of service during the eligibility measuring period. Employer contributions commence during the 1st or 7th month of the Plan year upon an eligible participant's satisfaction of the minimum age and service requirements. The Sponsor made employer contributions to eligible participants based on years of service and a percentage of their compensation according to the following schedule:

<u>Years of Services</u>	<u>Compensation</u>
1	3%
2	4%
3	5%
4	6%
5-9	8%
10 or more	10%

**Vesting:** Participants are immediately vested in their voluntary contributions, including catch-up contributions, rollover contributions from other plans, and earnings thereon. Participants vest in employer contributions plus actual earnings thereon according to the following vesting schedule:

<u>Years of Services</u>	<u>Vested Interest</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6+ or more	100%

## RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE

### Notes to Financial Statements

For the Years Ended September 30, 2024 and 2023

#### NOTE 1: PLAN DESCRIPTION *(continued)*

**Participant Accounts:** Each participant's account is credited with the participant's contribution, The Sponsor's discretionary contributions, and Plan earnings, and charged with benefit payments, an allocation of administrative expenses, and transaction fees related to notes receivable from participants. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Notes from Participants:** Prior to October 1, 2018, participants who were active employees of the Sponsor could borrow from their annuity account value, not to exceed \$50,000 or 50% of their account balance. The participant could have two loans outstanding if not in default on either loan. The funds used for the loan were in the fixed account. If there were insufficient funds in the fixed account, funds would be transferred from the variable subaccounts. The participant pledged their vested balance as collateral for the loan. The interest rate for outstanding loans at September 30, 2024 was 4.5%. Loan repayments are paid ratably through payroll deduction, electronic funds transfer, or personal checks. Notes receivable from participants are considered parties-in-interest transactions. Effective October 1, 2018, the Plan was amended to no longer permit new loans.

**Payment of Benefits:** Upon normal retirement, severance of employment, disability, hardship, death or attainment of age 65, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. For contributions made prior to October 1, 2018, the available forms of distributions include lump, partial-lump sum, installment distribution for required minimum distributions, rollover distributions to an eligible retirement plan, and annuity. After October 1, 2018, lump sum is the only form of distribution.

**Forfeitures:** At September 30, 2024 and 2023 there were no forfeited nonvested accounts. During the years ended September 30, 2024 and 2023, employer contributions were reduced by forfeited nonvested amounts of \$13,464 and \$22,326, respectively.

**Administrative Expenses:** The Plan's administrative expenses primarily include investment management and professional fees for services provided by parties-in-interest. Certain administrative expenses are paid by the Plan as provided in the Plan document. Certain administrative expenses are paid directly by the Sponsor.

#### NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting:** The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Use of Estimates:** The preparation of financial statements in conformity 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 disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

## RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE

### Notes to Financial Statements

For the Years Ended September 30, 2024 and 2023

#### NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

**Notes Receivable from Participants:** Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent participant loans are recorded as distributions based on the terms of the plan agreement. No allowance for credit losses has been recorded at September 30, 2024 and 2023.

**Payment of Benefits:** Benefits are recorded when paid.

**Investment Valuation and Income Recognition:** The Plan's 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 Administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for discussion of fair value measurements.

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

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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.

**Subsequent Events:** The Plan has evaluated subsequent events through June 13, 2025, which is the date the financial statements were available to be issued, and determined that, except as discussed below, there were no subsequent events requiring disclosure.

On December 10, 2024, the Plan was amended and restated to adopt the Volume Submitter 403(b) Plan Basic Plan Document #08 of Lincoln Retirement Services Company LLC. As a result of the restatement, all assets held at Nationwide Trust Company, FSB were liquidated and transferred to The Lincoln National Life Insurance Company.

#### NOTE 3: FAIR VALUE MEASUREMENTS

Financial accounting standards for fair value measurements define fair value as 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. Current accounting standards establish a three-level hierarchy, which encourages an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The three levels of the fair value hierarchy are defined as follows:

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

# RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE

## Notes to Financial Statements

For the Years Ended September 30, 2024 and 2023

### NOTE 3: FAIR VALUE MEASUREMENTS *(continued)*

Level 2. Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023:

#### ***Level 1 Fair Value Measurements***

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

*Pooled separate accounts:* Valued at the net asset value (NAV) or equivalent based on units held in the subaccounts. The NAV, as provided by the custodian, is made available to current and prospective investors. The NAV is the basis for current transactions and the pooled separate accounts can be redeemed at NAV as of the measurement date. The NAV is generally based on the fair value of the underlying investments held in the subaccounts less its liabilities.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE**

**Notes to Financial Statements**

**For the Years Ended September 30, 2024 and 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	<b>Fair Value Measurements at Reporting Date Using:</b>	
	<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>
<b><u>September 30, 2024</u></b>		
Mutual funds	\$ 1,235,467	\$ 1,235,467
Pooled separate accounts	<u>117,257</u>	<u>117,257</u>
Total	<u><u>\$ 1,352,724</u></u>	<u><u>\$ 1,352,724</u></u>
<b><u>September 30, 2023</u></b>		
Mutual funds	\$ 1,235,908	\$ 1,235,908
Pooled separate accounts	<u>107,316</u>	<u>107,316</u>
Total	<u><u>\$ 1,343,224</u></u>	<u><u>\$ 1,343,224</u></u>

**NOTE 4: GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANIES**

The Plan holds investment contracts with The Lincoln National Life Insurance Company (Lincoln) and Nationwide Financial Services, Inc. (Nationwide). These contracts, the Lincoln Stable Value Account and Nationwide General Account, meet the fully benefit-responsive traditional 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. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments in these contracts at contract value. The actual average yield earned by the Plan on contracts held with Lincoln was 2.94% and 3.45% for the years ended September 30, 2024 and 2023, respectively. The actual average yield earned by the Plan on contracts held with Nationwide was 1.93% and 1.81% for the years ended September 30, 2024 and 2023, respectively.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE**

**Notes to Financial Statements**

**For the Years Ended September 30, 2024 and 2023**

**NOTE 4: GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANIES**  
*(continued)*

The following represents the contract value of the investment contracts held by the Plan at September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Lincoln Stable Vale Account	\$ 718,430	\$ 753,733
Nationwide General Account	<u>52,654</u>	<u>46,915</u>
	<u>\$ 771,084</u>	<u>\$ 800,648</u>

The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified rate of interest that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but will not fall below zero percent. The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts 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 contract issuer. These events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the *Internal Revenue Code* or the failure of the trust to be tax-exempt under Section 501(a) of the *Internal Revenue Code*.
- Premature termination of the contracts.
- Plan termination or merger.
- Changes to the Plan's prohibition on competing investment options.
- Other Plan Sponsor events that significantly affect the Plan's normal operations.

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

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

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

## **RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE**

### **Notes to Financial Statements**

**For the Years Ended September 30, 2024 and 2023**

#### **NOTE 5: INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS**

Certain information was certified as complete and accurate by the Custodians of the Plan, Nationwide Trust Company, FSB, and The Lincoln National Life Insurance Company. This information is as follows:

- Investment assets
- Investment transactions
- Investment income
- Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
- Notes from participants

#### **NOTE 6: RELATED-PARTY TRANSACTIONS**

Certain Plan assets are invested in funds managed by The Lincoln National Life Insurance Company, the Plan's Custodian, and Nationwide Financial Services, Inc., the Plan's Recordkeeper. Therefore, these transactions qualify as party-in-interest transactions. However, these transactions are not considered prohibited transactions. Fees paid to the asset custodians and record keepers by the plan were \$5,949 and \$11,283 during the years ended September 30, 2024 and 2023, respectively.

Certain administrative functions are performed by employees of the Sponsor. These employees are also Plan participants. No such employee receives compensation from the Plan.

#### **NOTE 7: PLAN TERMINATION**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

#### **NOTE 8: INCOME TAX STATUS**

The Plan has not obtained a determination letter from the Internal Revenue Service (IRS) stating that the Plan was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan is relying on the IRS's approval of the Volume Submitter 403(b) Plan that it is utilizing. The IRS has determined and informed the document sponsor by a letter dated March 31, 2017, that the plan document was designed in accordance with applicable sections of the IRC. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE**

**Notes to Financial Statements**

**For the Years Ended September 30, 2024 and 2023**

**NOTE 8: INCOME TAX STATUS *(continued)***

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

**SUPPLEMENTAL SCHEDULE**

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE  
Plan Number 002 54-1401371  
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)  
September 30, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Contract or Current Value	Current Value
<b>MUTUAL FUNDS</b>				
Alliance Bernstein	Global Bond Fund Class Z	\$ **	\$	3,084
Allspring	Special Small Cap Value Institutional Fund	**		27,487
American Funds	2015 Target Date Retirement Fund R6	**		1
American Funds	2020 Target Date Retirement Fund R6	**		50,120
American Funds	2025 Target Date Retirement Fund R6	**		77,486
American Funds	2030 Target Date Retirement Fund R6	**		167,104
American Funds	2035 Target Date Retirement Fund R6	**		159,949
American Funds	2040 Target Date Retirement Fund R6	**		47,947
American Funds	2045 Target Date Retirement Fund R6	**		62,495
American Funds	2050 Target Date Retirement Fund R6	**		15,183
American Funds	2055 Target Date Retirement Fund R6	**		25,071
American Funds	2060 Target Date Retirement Fund R6	**		18,426
American Funds	2065 Target Date Retirement Fund R6	**		3,072
American Funds	American Funds EuroPacific Growth Fund R6	**		2,513
American Funds	Washington Mutual Investment Fund R6	**		9,785
Avantis	Emerging Markets Equity Fund - Institutional Class	**		5,406
Avantis	US Large Cap Value Institutional Fund	**		6,691
Avantis	US Small Cap Value Institutional Fund	**		1,906
BlackRock	High Yield Bond Portfolio - Class K Fund	**		5,570
BlackRock	Total Return K Fund	**		6,659
Cohen & Steers	Real Estate Securities Institutional Fund	**		27,337
DFA	Inflation Protection Security Institutional Fund	**		881
Diamond Hill	Mid Cap I Fund	**		3,340
Dodge & Cox	Institutional Stock Fund - Class I	**		7,439
Fidelity	Federated Hermes Government Obligations Funds	**		245
Fidelity	500 Index Fund	**		12,761
Fidelity	Institutional Index Fund	**		7,145
Fidelity	U.S. Bond Index Fund	**		13,699
Goldman Sachs	GQP Partners International Opportunities Fund R6	**		6,967
JP Morgan	Emerging Markets Equity Fund R6	**		18,220
JP Morgan	Equity Income Fund R5	**		6,290
JP Morgan	Large Cap Growth Fund R6	**		6,215
Janus Henderson	Triton Fund Class N	**		29,524
Franklin Templeton Investments	Legg Mason Western Assets Corporate Bond Fund	**		3,320
Lord Abbett	High Yield Fund Class R5	**		42,161
MFS Investment Management	MFS Midcap Growth R6	**		3,351
Nationwide	Loomis All Cap Growth Fund R6	**		6,744
PGIM	Total Return Bond Fund R6	**		10,429
PIMCO	Pimco Real Return	**		10,355
PIMCO	Pimco Global Real Estate Fund R6	**		3,538
Nationwide	Legal & General Commodity Strategy Fund - Institutional Shares	**		3,295
T. Rowe Price	Blue Chip Growth Fund	**		110,534
Victory Capital	Victory Trivalent International Small-Cap Fund Y	**		2,199
Vanguard	Developing Markets Index Admiral Fund	**		51,985
Vanguard	Explorer Fund Admiral Shares	**		1,908
Vanguard	Total Bond Market Index Admiral Fund	**		32,618
Vanguard	Total Stock Market Index Fund Admiral Shares	**		117,012
			\$	<u>1,235,467</u>

(continued)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE  
Plan Number 002 54-1401371  
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)  
September 30, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Contract or Current Value	Contract or Current Value
<b>POOLED SEPARATE ACCOUNTS</b>				
* Lincoln National Life - Multifund	American Funds Growth	**	\$	3,883
* Lincoln National Life - Multifund	Macquairie VIP Small Cap Value	**		10,751
* Lincoln National Life - Multifund	LVIP Macquairie SMID Cap Core Series Fund	**		6,383
* Lincoln National Life - Multifund	LVIP Macquairie Value Series	**		22,534
* Lincoln National Life - Multifund	Fidelity VIP Freedom Target Date 2050	**		2,296
* Lincoln National Life - Multifund	LVIP Blended Large Cap Growth Managed Volatility	**		3,325
* Lincoln National Life - Multifund	LVIP Macquairie Mid Cap Value Fund	**		5,701
* Lincoln National Life - Multifund	LVIP Macquairie Social Awareness	**		30,338
* Lincoln National Life - Multifund	LVIP Macquairie Wealth Builder Fund	**		1,219
* Lincoln National Life - Multifund	LVIP Dimensional U.S. Core Equity 1	**		2,832
* Lincoln National Life - Multifund	BlackRock Global Allocation Fund	**		26,198
* Lincoln National Life - Multifund	LVIP Global Conservative Allocation Managed Risk	**		326
* Lincoln National Life - Multifund	LVIP JPMorgan Retirement Income Fund	**		1,347
* Lincoln National Life - Multifund	LVIP T Rowe Price 2040 Fund	**		124
				<u>117,257</u>
<b>DEPOSIT ADMINISTRATION CONTRACTS</b>				
Bank of America	Fixed Account	**		52,654
* Lincoln National Life - Multifund	Fixed Account	**		718,430
				<u>771,084</u>
<b>NOTES RECEIVABLE FROM PARTICIPANTS</b>				
* Notes from Participants	Various loans at 4.50%			<u>21,757</u>
				<u>\$ 2,145,565</u>

\* Party-in-interest

Note: Cost omitted for participant directed investments

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2023 or fiscal plan year beginning	10/01/2023 and ending 09/30/2024
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .	<input type="checkbox"/>

<b>Part II Basic Plan Information</b> —enter all requested information											
<b>1a</b> Name of plan RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">002</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 07/01/1983</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) 54-1401371</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number 434-293-6136</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) 623000</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	002	<b>1c</b> Effective date of plan 07/01/1983		<b>2b</b> Employer Identification Number (EIN) 54-1401371		<b>2c</b> Plan Sponsor's telephone number 434-293-6136		<b>2d</b> Business code (see instructions) 623000	
<b>1b</b> Three-digit plan number (PN) ▶	002										
<b>1c</b> Effective date of plan 07/01/1983											
<b>2b</b> Employer Identification Number (EIN) 54-1401371											
<b>2c</b> Plan Sponsor's telephone number 434-293-6136											
<b>2d</b> Business code (see instructions) 623000											
<b>2a</b> 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)  MARTHA JEFFERSON HOUSE  1600 GORDON AVENUE  CHARLOTTESVILLE VA 22903-1998											

**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.

<b>SIGN HERE</b>	<i>Rebecca Griffith</i>	0/25/25	Rebecca Griffith
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																	
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">123</td> </tr> </table>	<b>5</b>	123																															
<b>5</b>	123																																	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td></td> <td style="text-align: right;">61</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> <td style="text-align: right;">59</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> <td style="text-align: right;">9</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> <td style="text-align: right;">44</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> <td style="text-align: right;">112</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> <td style="text-align: right;">112</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> <td style="text-align: right;">94</td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> <td style="text-align: right;">92</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> <td style="text-align: right;">2</td> </tr> </table>				<b>6a(1)</b>		61	<b>6a(2)</b>		59	<b>6b</b>		9	<b>6c</b>		44	<b>6d</b>		112	<b>6e</b>		0	<b>6f</b>		112	<b>6g(1)</b>		94	<b>6g(2)</b>		92	<b>6h</b>		2
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<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="width:90%;"></td> </tr> </table>	<b>7</b>																																
<b>7</b>																																		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2A 2F 2G 2L 2M 2T 3D 2E

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

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

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

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

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**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 \_\_\_\_\_

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**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE**

*Financial Statements*

**September 30, 2024 and 2023**

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE**

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Walker Healthcare  
Services Group  
Certified Public Accountants

**Independent Auditor's Report**

To the Plan Administrator of  
Retirement Income Plan for Employees of Martha Jefferson House  
Charlottesville, Virginia

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

We have performed an audit of the accompanying financial statements of Retirement Income Plan for Employees of Martha Jefferson House (“the Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s 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 banks or similar institutions or insurance carriers in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institutions”).

Management has obtained a certification from qualified institutions as of and for the years ended September 30, 2024 and 2023, 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 Audits of the Financial Statements:

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

### **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 Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### **Auditor's Responsibilities for the Audits of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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.

#### **Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of and for the year ended September 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA

- The information in the supplemental schedule that is 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).

*Walker Healthcare Services Group*

Certified Public Accountants  
Roanoke, Virginia  
June 13, 2025

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE**  
Statements of Net Assets Available for Benefits  
September 30, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments, at fair value	\$ 1,352,724	\$ 1,343,224
Investments, at contract value	771,084	800,648
Total investments	2,123,808	2,143,872
Receivables:		
Notes from participants	21,757	20,817
Total receivables	21,757	20,817
Total assets	2,145,565	2,164,689
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 2,145,565</b>	<b>\$ 2,164,689</b>

*See accompanying notes to financial statements.*

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE**

**Statements of Changes in Net Assets Available for Benefits  
For the Years Ended September 30, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>ADDITIONS</b>		
Investment income:		
Net appreciation in fair value of investments, including realized gains and losses	\$ 312,822	\$ 108,746
Interest and dividends	24,702	91,279
Total investment income	337,524	200,025
Contributions:		
Sponsor's	106,788	93,140
Participants'	49,665	54,168
Participant rollovers	-	34,278
Total contributions	156,453	181,586
Interest on notes from participants	940	770
Total additions	494,917	382,381
<b>DEDUCTIONS</b>		
Benefits paid to participants	508,092	236,192
Administrative fees	5,949	11,283
Total deductions	514,041	247,475
Net increase (decrease)	(19,124)	134,906
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	2,164,689	2,029,783
End of year	\$ 2,145,565	\$ 2,164,689

*See accompanying notes to financial statements.*

# RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE

## Notes to Financial Statements

For the Years Ended September 30, 2024 and 2023

### NOTE 1: PLAN DESCRIPTION

The following description of the Retirement Income Plan for Employees of Martha Jefferson House (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General:** The Plan is a defined contribution 403(b) plan covering all non-excluded employees of the Martha Jefferson House (the Sponsor). The Plan was originally effective July 1, 1983, and was amended and restated and effective October 1, 2018. Independent contractors who are considered leased employees of the employer for certain federal income tax purposes are not employees and are not eligible to participate in the Plan. Eligible employees may make voluntary deferral contributions as of their employment commencement date. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Contributions:** The Plan allows eligible participants to make voluntary deferral contributions up to the maximum percentage allowable not to exceed the limits of Code Section 403(b). Participants may also contribute amounts representing distributions from other qualified plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct their contributions into various investment options. The Plan provides for the Sponsor to contribute a discretionary amount of eligible pay to each participant's account. Eligible participants must have attained 21 years of age, completed one year of service, and be an employee of the employer on the last day of the Plan year to be eligible to receive employer contributions. A year of service is defined as completing 1,000 hours of service during the eligibility measuring period. Employer contributions commence during the 1st or 7th month of the Plan year upon an eligible participant's satisfaction of the minimum age and service requirements. The Sponsor made employer contributions to eligible participants based on years of service and a percentage of their compensation according to the following schedule:

<u>Years of Services</u>	<u>Compensation</u>
1	3%
2	4%
3	5%
4	6%
5-9	8%
10 or more	10%

**Vesting:** Participants are immediately vested in their voluntary contributions, including catch-up contributions, rollover contributions from other plans, and earnings thereon. Participants vest in employer contributions plus actual earnings thereon according to the following vesting schedule:

<u>Years of Services</u>	<u>Vested Interest</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6+ or more	100%

## RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE

### Notes to Financial Statements

For the Years Ended September 30, 2024 and 2023

#### NOTE 1: PLAN DESCRIPTION *(continued)*

**Participant Accounts:** Each participant's account is credited with the participant's contribution, The Sponsor's discretionary contributions, and Plan earnings, and charged with benefit payments, an allocation of administrative expenses, and transaction fees related to notes receivable from participants. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Notes from Participants:** Prior to October 1, 2018, participants who were active employees of the Sponsor could borrow from their annuity account value, not to exceed \$50,000 or 50% of their account balance. The participant could have two loans outstanding if not in default on either loan. The funds used for the loan were in the fixed account. If there were insufficient funds in the fixed account, funds would be transferred from the variable subaccounts. The participant pledged their vested balance as collateral for the loan. The interest rate for outstanding loans at September 30, 2024 was 4.5%. Loan repayments are paid ratably through payroll deduction, electronic funds transfer, or personal checks. Notes receivable from participants are considered parties-in-interest transactions. Effective October 1, 2018, the Plan was amended to no longer permit new loans.

**Payment of Benefits:** Upon normal retirement, severance of employment, disability, hardship, death or attainment of age 65, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. For contributions made prior to October 1, 2018, the available forms of distributions include lump, partial-lump sum, installment distribution for required minimum distributions, rollover distributions to an eligible retirement plan, and annuity. After October 1, 2018, lump sum is the only form of distribution.

**Forfeitures:** At September 30, 2024 and 2023 there were no forfeited nonvested accounts. During the years ended September 30, 2024 and 2023, employer contributions were reduced by forfeited nonvested amounts of \$13,464 and \$22,326, respectively.

**Administrative Expenses:** The Plan's administrative expenses primarily include investment management and professional fees for services provided by parties-in-interest. Certain administrative expenses are paid by the Plan as provided in the Plan document. Certain administrative expenses are paid directly by the Sponsor.

#### NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting:** The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Use of Estimates:** The preparation of financial statements in conformity 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 disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

## RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE

### Notes to Financial Statements

For the Years Ended September 30, 2024 and 2023

#### NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

**Notes Receivable from Participants:** Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent participant loans are recorded as distributions based on the terms of the plan agreement. No allowance for credit losses has been recorded at September 30, 2024 and 2023.

**Payment of Benefits:** Benefits are recorded when paid.

**Investment Valuation and Income Recognition:** The Plan's 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 Administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for discussion of fair value measurements.

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

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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.

**Subsequent Events:** The Plan has evaluated subsequent events through June 13, 2025, which is the date the financial statements were available to be issued, and determined that, except as discussed below, there were no subsequent events requiring disclosure.

On December 10, 2024, the Plan was amended and restated to adopt the Volume Submitter 403(b) Plan Basic Plan Document #08 of Lincoln Retirement Services Company LLC. As a result of the restatement, all assets held at Nationwide Trust Company, FSB were liquidated and transferred to The Lincoln National Life Insurance Company.

#### NOTE 3: FAIR VALUE MEASUREMENTS

Financial accounting standards for fair value measurements define fair value as 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. Current accounting standards establish a three-level hierarchy, which encourages an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The three levels of the fair value hierarchy are defined as follows:

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

# RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE

## Notes to Financial Statements

For the Years Ended September 30, 2024 and 2023

### NOTE 3: FAIR VALUE MEASUREMENTS *(continued)*

Level 2. Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023:

#### ***Level 1 Fair Value Measurements***

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

*Pooled separate accounts:* Valued at the net asset value (NAV) or equivalent based on units held in the subaccounts. The NAV, as provided by the custodian, is made available to current and prospective investors. The NAV is the basis for current transactions and the pooled separate accounts can be redeemed at NAV as of the measurement date. The NAV is generally based on the fair value of the underlying investments held in the subaccounts less its liabilities.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE**

**Notes to Financial Statements**

**For the Years Ended September 30, 2024 and 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	<b>Fair Value Measurements at Reporting Date Using:</b>	
	<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>
<b><u>September 30, 2024</u></b>		
Mutual funds	\$ 1,235,467	\$ 1,235,467
Pooled separate accounts	<u>117,257</u>	<u>117,257</u>
Total	<u>\$ 1,352,724</u>	<u>\$ 1,352,724</u>
<b><u>September 30, 2023</u></b>		
Mutual funds	\$ 1,235,908	\$ 1,235,908
Pooled separate accounts	<u>107,316</u>	<u>107,316</u>
Total	<u>\$ 1,343,224</u>	<u>\$ 1,343,224</u>

**NOTE 4: GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANIES**

The Plan holds investment contracts with The Lincoln National Life Insurance Company (Lincoln) and Nationwide Financial Services, Inc. (Nationwide). These contracts, the Lincoln Stable Value Account and Nationwide General Account, meet the fully benefit-responsive traditional 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. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments in these contracts at contract value. The actual average yield earned by the Plan on contracts held with Lincoln was 2.94% and 3.45% for the years ended September 30, 2024 and 2023, respectively. The actual average yield earned by the Plan on contracts held with Nationwide was 1.93% and 1.81% for the years ended September 30, 2024 and 2023, respectively.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE**

**Notes to Financial Statements**

**For the Years Ended September 30, 2024 and 2023**

**NOTE 4: GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANIES**  
*(continued)*

The following represents the contract value of the investment contracts held by the Plan at September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Lincoln Stable Vale Account	\$ 718,430	\$ 753,733
Nationwide General Account	<u>52,654</u>	<u>46,915</u>
	<u>\$ 771,084</u>	<u>\$ 800,648</u>

The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified rate of interest that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but will not fall below zero percent. The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts 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 contract issuer. These events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the *Internal Revenue Code* or the failure of the trust to be tax-exempt under Section 501(a) of the *Internal Revenue Code*.
- Premature termination of the contracts.
- Plan termination or merger.
- Changes to the Plan's prohibition on competing investment options.
- Other Plan Sponsor events that significantly affect the Plan's normal operations.

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

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

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

## **RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE**

### **Notes to Financial Statements**

**For the Years Ended September 30, 2024 and 2023**

#### **NOTE 5: INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS**

Certain information was certified as complete and accurate by the Custodians of the Plan, Nationwide Trust Company, FSB, and The Lincoln National Life Insurance Company. This information is as follows:

- Investment assets
- Investment transactions
- Investment income
- Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
- Notes from participants

#### **NOTE 6: RELATED-PARTY TRANSACTIONS**

Certain Plan assets are invested in funds managed by The Lincoln National Life Insurance Company, the Plan's Custodian, and Nationwide Financial Services, Inc., the Plan's Recordkeeper. Therefore, these transactions qualify as party-in-interest transactions. However, these transactions are not considered prohibited transactions. Fees paid to the asset custodians and record keepers by the plan were \$5,949 and \$11,283 during the years ended September 30, 2024 and 2023, respectively.

Certain administrative functions are performed by employees of the Sponsor. These employees are also Plan participants. No such employee receives compensation from the Plan.

#### **NOTE 7: PLAN TERMINATION**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

#### **NOTE 8: INCOME TAX STATUS**

The Plan has not obtained a determination letter from the Internal Revenue Service (IRS) stating that the Plan was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan is relying on the IRS's approval of the Volume Submitter 403(b) Plan that it is utilizing. The IRS has determined and informed the document sponsor by a letter dated March 31, 2017, that the plan document was designed in accordance with applicable sections of the IRC. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF MARTHA JEFFERSON HOUSE**

**Notes to Financial Statements**

**For the Years Ended September 30, 2024 and 2023**

**NOTE 8: INCOME TAX STATUS *(continued)***

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

**SUPPLEMENTAL SCHEDULE**

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE  
Plan Number 002 54-1401371  
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)  
September 30, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Contract or Current Value	Current Value
<b>MUTUAL FUNDS</b>				
Alliance Bernstein	Global Bond Fund Class Z	\$ **	\$	3,084
Allspring	Special Small Cap Value Institutional Fund	**		27,487
American Funds	2015 Target Date Retirement Fund R6	**		1
American Funds	2020 Target Date Retirement Fund R6	**		50,120
American Funds	2025 Target Date Retirement Fund R6	**		77,486
American Funds	2030 Target Date Retirement Fund R6	**		167,104
American Funds	2035 Target Date Retirement Fund R6	**		159,949
American Funds	2040 Target Date Retirement Fund R6	**		47,947
American Funds	2045 Target Date Retirement Fund R6	**		62,495
American Funds	2050 Target Date Retirement Fund R6	**		15,183
American Funds	2055 Target Date Retirement Fund R6	**		25,071
American Funds	2060 Target Date Retirement Fund R6	**		18,426
American Funds	2065 Target Date Retirement Fund R6	**		3,072
American Funds	American Funds EuroPacific Growth Fund R6	**		2,513
American Funds	Washington Mutual Investment Fund R6	**		9,785
Avantis	Emerging Markets Equity Fund - Institutional Class	**		5,406
Avantis	US Large Cap Value Institutional Fund	**		6,691
Avantis	US Small Cap Value Institutional Fund	**		1,906
BlackRock	High Yield Bond Portfolio - Class K Fund	**		5,570
BlackRock	Total Return K Fund	**		6,659
Cohen & Steers	Real Estate Securities Institutional Fund	**		27,337
DFA	Inflation Protection Security Institutional Fund	**		881
Diamond Hill	Mid Cap I Fund	**		3,340
Dodge & Cox	Institutional Stock Fund - Class I	**		7,439
Fidelity	Federated Hermes Government Obligations Funds	**		245
Fidelity	500 Index Fund	**		12,761
Fidelity	Institutional Index Fund	**		7,145
Fidelity	U.S. Bond Index Fund	**		13,699
Goldman Sachs	GQP Partners International Opportunities Fund R6	**		6,967
JP Morgan	Emerging Markets Equity Fund R6	**		18,220
JP Morgan	Equity Income Fund R5	**		6,290
JP Morgan	Large Cap Growth Fund R6	**		6,215
Janus Henderson	Triton Fund Class N	**		29,524
Franklin Templeton Investments	Legg Mason Western Assets Corporate Bond Fund	**		3,320
Lord Abbett	High Yield Fund Class R5	**		42,161
MFS Investment Management	MFS Midcap Growth R6	**		3,351
Nationwide	Loomis All Cap Growth Fund R6	**		6,744
PGIM	Total Return Bond Fund R6	**		10,429
PIMCO	Pimco Real Return	**		10,355
PIMCO	Pimco Global Real Estate Fund R6	**		3,538
Nationwide	Legal & General Commodity Strategy Fund - Institutional Shares	**		3,295
T. Rowe Price	Blue Chip Growth Fund	**		110,534
Victory Capital	Victory Trivalent International Small-Cap Fund Y	**		2,199
Vanguard	Developing Markets Index Admiral Fund	**		51,985
Vanguard	Explorer Fund Admiral Shares	**		1,908
Vanguard	Total Bond Market Index Admiral Fund	**		32,618
Vanguard	Total Stock Market Index Fund Admiral Shares	**		117,012
			\$	<u>1,235,467</u>

(continued)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF  
MARTHA JEFFERSON HOUSE  
Plan Number 002 54-1401371  
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)  
September 30, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Contract or Current Value	Contract or Current Value
<b>POOLED SEPARATE ACCOUNTS</b>				
* Lincoln National Life - Multifund	American Funds Growth	**	\$	3,883
* Lincoln National Life - Multifund	Macquairie VIP Small Cap Value	**		10,751
* Lincoln National Life - Multifund	LVIP Macquairie SMID Cap Core Series Fund	**		6,383
* Lincoln National Life - Multifund	LVIP Macquairie Value Series	**		22,534
* Lincoln National Life - Multifund	Fidelity VIP Freedom Target Date 2050	**		2,296
* Lincoln National Life - Multifund	LVIP Blended Large Cap Growth Managed Volatility	**		3,325
* Lincoln National Life - Multifund	LVIP Macquairie Mid Cap Value Fund	**		5,701
* Lincoln National Life - Multifund	LVIP Macquairie Social Awareness	**		30,338
* Lincoln National Life - Multifund	LVIP Macquairie Wealth Builder Fund	**		1,219
* Lincoln National Life - Multifund	LVIP Dimensional U.S. Core Equity 1	**		2,832
* Lincoln National Life - Multifund	BlackRock Global Allocation Fund	**		26,198
* Lincoln National Life - Multifund	LVIP Global Conservative Allocation Managed Risk	**		326
* Lincoln National Life - Multifund	LVIP JPMorgan Retirement Income Fund	**		1,347
* Lincoln National Life - Multifund	LVIP T Rowe Price 2040 Fund	**		124
				<u>117,257</u>
<b>DEPOSIT ADMINISTRATION CONTRACTS</b>				
Bank of America	Fixed Account	**		52,654
* Lincoln National Life - Multifund	Fixed Account	**		718,430
				<u>771,084</u>
<b>NOTES RECEIVABLE FROM PARTICIPANTS</b>				
* Notes from Participants	Various loans at 4.50%			<u>21,757</u>
				<u>\$ 2,145,565</u>

\* Party-in-interest

Note: Cost omitted for participant directed investments