

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: HIGH MEADOWS SCHOOL, INC. 403(B)
1b Three-digit plan number (PN): 009
1c Effective date of plan: 08/01/1998
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 58-1846247
2c Plan Sponsor's telephone number: 770-993-2940
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	124
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	52
	6a(2)	64
	6b	0
	6c	77
	6d	141
	6e	1
	6f	142
	6g(1)	123
	6g(2)	142
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2G

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan HIGH MEADOWS SCHOOL, INC. 403(B)</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>009</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HIGH MEADOWS SCHOOL, INC.</p>	<p>D Employer Identification Number (EIN) 58-1846247</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	334834	89	01/01/2024	12/31/2024

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

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

(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	

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1437798
5	Current value of plan's interest under this contract in separate accounts at year end.....	6628825
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1279288
c	Additions: (1) Contributions deposited during the year	7c(1) 4204
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 54567
	(4) Transferred from separate account	7c(4) 225215
	(5) Other (specify below)..... ▶ OTHER	7c(5) 224
	(6) Total additions	7c(6) 284210
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1563498
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 40044
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 74192
	(4) Other (specify below)..... ▶ OTHER	7e(4) 11464
(5) Total deductions	7e(5) 125700	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1437798

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HIGH MEADOWS SCHOOL, INC. 403(B)	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 HIGH MEADOWS SCHOOL, INC.	D Employer Identification Number (EIN) 58-1846247	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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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)

UBS FINANCIAL SERVICES, INC.

1285 AVENUE OF THE AMERIC
NEW YORK, NY 10019

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	29797	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HIGH MEADOWS SCHOOL, INC. 403(B)	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 HIGH MEADOWS SCHOOL, INC.	D Employer Identification Number (EIN) 58-1846247

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	7114
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	185977
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7938712
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1279288
(15) Other	1c(15)	3492
		178659
		1437798

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9411091	10495674
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9411091	10495674

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	151607	
(B) Participants.....	2a(1)(B)	271321	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		422928
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	309	
(F) Other.....	2b(1)(F)	54567	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		54876
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	63162	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		63162
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-7644
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1131012
c Other income	2c		4935
d Total income. Add all income amounts in column (b) and enter total	2d		1669269

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	582839	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		582839
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1847	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1847
j Total expenses. Add all expense amounts in column (b) and enter total	2j		584686

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1084583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **AMA CPA, LLC**

(2) EIN: **88-2252019**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HIGH MEADOWS SCHOOL, INC. 403(B)</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HIGH MEADOWS SCHOOL, INC.</u>	D Employer Identification Number (EIN) <u>58-1846247</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-1624203</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A.



HIGH MEADOWS SCHOOL, INC. 403(B)

FINANCIAL STATEMENTS
(with report of independent auditor)

YEARS ENDED DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

To the Investment Committee of
High Meadows Schools, Inc. 403(b)
Roswell, Georgia

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

We have performed audits of the accompanying financial statements of High Meadows School, Inc. 403(b) (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 December 31, 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 bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of the Form 5500, Schedule H, Line 4i – Schedule of assets (held at end of year) as of December 31, 2024 is presented for the 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 their 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 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).

AMA CPA, LLC

July 30, 2025
Atlanta, Georgia

HIGH MEADOWS SCHOOL, INC. 403(B)

 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 DECEMBER 31, 2024 AND 2023

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 9,763,372	\$ 8,660,524
Investments at contract value	<u>728,810</u>	<u>743,453</u>
Total investments	<u>10,492,182</u>	<u>9,403,977</u>
Receivables:		
Notes receivable from participants	<u>3,492</u>	<u>7,114</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 10,495,674</u></u>	<u><u>\$ 9,411,091</u></u>

See notes to financial statements.

HIGH MEADOWS SCHOOL, INC. 403(B)

 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,123,368	\$ 1,264,948
Dividends	63,162	29,480
Interest	54,567	51,765
Other income	<u>4,935</u>	<u>4,544</u>
Total investment income	<u>1,246,032</u>	<u>1,350,737</u>
Interest income on notes receivable from participants	<u>309</u>	<u>359</u>
Contributions:		
Employer	151,607	117,624
Participants	<u>271,321</u>	<u>224,212</u>
Total contributions	<u>422,928</u>	<u>341,836</u>
TOTAL ADDITIONS	<u>1,669,269</u>	<u>1,692,932</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	582,839	169,965
Administrative expenses	<u>1,847</u>	<u>702</u>
TOTAL DEDUCTIONS	<u>584,686</u>	<u>170,667</u>
INCREASE IN NET ASSETS	1,084,583	1,522,265
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>9,411,091</u>	<u>7,888,826</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>10,495,674</u></u>	<u><u>9,411,091</u></u>

See notes to financial statements.

HIGH MEADOWS SCHOOL, INC. 403(B)

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

1. Description of Plan:

The following description of High Meadows School, Inc. 403(b) (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 403(b) plan covering all eligible employees of High Meadows School, Inc. (the "Sponsor"), which is a private tax-exempt organization under Code Section 501(c)(3). Employees are eligible to become participants on their date of hire, as defined in the plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Participant Contributions: Each year, participants may defer a portion of their pre-tax eligible compensation, as defined, subject to certain statutory limitations. For 2024 and 2023, the deferred amount may not exceed \$23,000 and \$22,500, respectively. Additionally, the Internal Revenue Code ("IRC") allows for participants over the age of 50 to make additional contributions (catch-up contributions) in excess of these limits. The maximum catch-up contributions for 2024 and 2023 was \$7,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer Contributions: Prior to January 3, 2023, participants are eligible for discretionary matching contributions after completion of one year of service. Effective January 3, 2023, eligible Plan participants will receive employer matching contributions upon their date of entry into the Plan. During the years ended December 31, 2024 and 2023, the Sponsor matched 100% of a participant's contribution up to 4% of their eligible compensation.

Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's pre-tax contributions, the Sponsor's discretionary matching contribution, plan earnings or losses, and administrative expenses, which are allocated proportionately among all participants based on their investment in each fund. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

Vesting

Prior to January 3, 2023, participants were immediately vested in all Plan accounts. Effective January 3, 2023, participants are vested at all times in their participant contributions and earnings or losses thereon. Effective January 3, 2023, participants will be fully vested in employer matching contributions after completing two years of service.

HIGH MEADOWS SCHOOL, INC. 403(B)

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

1. Description of Plan (continued):

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, subject to a minimum \$1,000 and a maximum \$50,000. Loan transactions are treated as a transfer between investment funds and the loan fund. Loan terms are not to exceed five years or up to ten years for the purchase of a primary residence. Loans are secured by the balance in the participant's account and the interest rate will vary depending on how the participant's balance is invested, as defined in the plan agreement. Principal and interest are paid ratably through after-tax payroll deductions, ACH agreement, or other repayment method agreed to by the investment arrangement to repay the loan on at least a quarterly basis. The maximum number of loans a participant may have outstanding at one time is three, including plan loans as defined below.

Plan Loans

Participants may borrow funds from the Teachers Insurance and Annuity Association of America ("TIAA"), up to 50% of their vested account balance, subject to a minimum \$1,000 and a maximum \$50,000. For these plan loans, a portion of the participants' accounts are reserved, or held in collateral, to cover 110% of the outstanding loan balance in case of default. The interest rate for these plan loans may be fixed or variable, and all plan loan interest is paid directly to TIAA. Loan terms are not to exceed five years or up to ten years for the purchase of a primary residence. Principal and interest are paid ratably through after-tax payroll deductions, ACH agreement, or other repayment method agreed to by the investment arrangement to repay the loan on at least a quarterly basis. The maximum number of loans a participant may have outstanding at one time is three, including notes receivable from participants as defined above.

Benefits Paid to Participants

Upon termination of service, a participant may elect to receive either a lump-sum payment, installment payments over a fixed number of years, ad-hoc distributions, or an annuity contract. A participant may withdraw all or a portion of their pre-tax contributions and related earnings, in accordance with the hardship provisions of the Plan.

Forfeited Accounts

Forfeitures occur upon termination of employment by a participant who is not fully vested in the Plan. These accounts will be used to reduce future employer contributions. At December 31, 2024 and 2023, and for the years ended, forfeited non-vested accounts and forfeited non-vested balances used to reduce employer contributions were:

	2024	2023
Forfeited non-vested accounts	\$ 490	\$ 7
Forfeited non-vested accounts used for employer contributions	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

2. Summary of Significant Accounting Policies:

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investments 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 Investment Committee determines the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred, if any fees are charged. As of December 31, 2024 and 2023, no allowance for credit loss has been recorded. If a participant does not make loan repayments, and the plan administrator considers the participant note receivable to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan agreement.

Benefits Paid to Participants

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Sponsor and are therefore excluded from these financial statements. Investment-related expense are included in the net (depreciation) appreciation in fair value of investments. Fees for distributions as well as the administration of notes receivable from participants are included in the administrative expenses and charged directly to the participant's account.

HIGH MEADOWS SCHOOL, INC. 403(B)

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

3. Information Certified by the Teachers Insurance and Annuity Association of America and College Retirement Equity Fund:

The Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Teachers Insurance and Annuity Association of America (“TIAA”) and College Retirement Equity Fund (“CREF”), the custodian of the Plan (the “custodian”).

	2024	2023
Investments at fair value	\$ 9,763,372	\$ 8,660,524
Investments at contract value	728,810	743,453
Notes receivable from participants	3,492	7,114
Net appreciation in fair value of investments	1,123,368	1,264,948
Dividends	63,162	29,480
Interest	54,567	51,765
Other income	4,935	4,544
Interest income on notes receivable from participants	309	359

The Plan’s independent auditor did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

4. Fair Value Measurements:

Fair value measurement guidance under GAAP defines fair value, establishes a consistent framework for measuring fair value, and establishes a fair value hierarchy based on the observability of inputs used to measure fair value. The objective of a fair value measurement is to determine 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 (an exit price). Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of fair value hierarchy under are described as follows:

- Level 1 Unadjusted quoted market prices in active markets for identical unrestricted assets or liabilities that the Plan has the ability to access at the measurement date.

- Level 2 Other significant observable inputs, including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, and others. 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.

HIGH MEADOWS SCHOOL, INC. 403(B)

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

4. Fair Value Measurements (continued):

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

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

Level 1 Fair Value Measurements:

Mutual Funds: Valued at the daily closing price as reported by the fund. Net asset values ("NAV") are generally obtained from The National Securities Clearing Corporation, directly from the fund house, and/or a secondary processing source.

Level 2 Fair Value Measurements:

Mutual funds: Money marked account holdings are generally valued at amortized cost.

Level 3 Fair Value Measurements:

Pooled separate accounts: Valued principally using external appraisals, which are estimates of property values based on professional's opinion.

Insurance company general contract account: Value equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less any withdrawals and transfers, if any. Transactions involving the purchases and sales of individual contracts are not observable in a public marketplace.

The preceding methods described may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<i>Assets at Fair Value as of December 31, 2024</i>			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 8,743,384	\$ 132,341	\$ -	\$ 8,875,725
Insurance company general contract	-	-	708,988	708,988
Pooled separate account	-	-	178,659	178,659
Total assets at fair value	<u>\$ 8,743,384</u>	<u>\$ 132,341</u>	<u>\$ 887,647</u>	<u>\$ 9,763,372</u>

HIGH MEADOWS SCHOOL, INC. 403(B)

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

4. Fair Value Measurements (continued):

	<i>Assets at Fair Value as of December 31, 2023</i>			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,789,551	\$ 149,161	\$ -	\$ 7,938,712
Insurance company general contract	-	-	535,835	535,835
Pooled separate account	-	-	185,977	185,977
Total assets at fair value	<u>\$ 7,789,551</u>	<u>\$ 149,161</u>	<u>\$ 721,812</u>	<u>\$ 8,660,524</u>

The following tables provide further details of the Plan's Level 3 fair value measurement for 2024 and 2023:

Insurance company general contract:

	2024	2023
Purchases	\$ 5,312	\$ 2,270
Sales	(17,074)	(10,181)
Transfers into Level 3	222,073	-
Transfers out of Level 3	(65,540)	(6,290)

Pooled separate account:

	2024	2023
Purchases	\$ 310	\$ -
Sales	(1,378)	(656)
Transfers into Level 3	3,469	4,545
Transfers out of Level 3	(2,331)	(1,882)

5. Fully Benefit-Responsive Investment Contract:

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with TIAA. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal at a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, transfers, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

HIGH MEADOWS SCHOOL, INC. 403(B)

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

5. Fully Benefit-Responsive Investment Contract:

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, with a minimum interest rate between 1% and 3%. Such interest rates are reviewed on an annual basis for resetting. The contract value of the investment contract at December 31, 2024 and 2023 was:

	<u>2024</u>	<u>2023</u>
Contact value of the investment contract	\$ 728,810	\$ 743,453

Certain events limit the Plan's ability to transact at contract value with TIAA. Such events include the following: (a) amendments to the plan agreement (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Sponsor or other Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Sponsor does not believe it is probable that there are any events that would limit the Plan's ability to transact at contract value with Plan participants or with the issuer.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

6. Tax Status:

The Plan is maintained by High Meadows School, Inc., a private, tax-exempt organization under Code section 501(c)(3). This status allows the organization to offer the 403(b) Plan to its employees as a tax-advantaged retirement savings vehicle. The Plan is established under the TIAA ERISA 403(b) Volume Submitter Plan and is intended to qualify as a tax-deferred retirement plan under Section 403(b) of the Internal Revenue Code. The Volume Submitter Plan has received a favorable opinion letter dated August 7, 2017 from the Internal Revenue Service ("IRS") stating that it is acceptable under section 403(b) of the Internal Revenue Code. This letter considers the changes contained in the final regulations under Code Section 403(b) (sections 1.403(b)-1 through 1.403(b)-11) that were published on July 26, 2007 (72 FR 41128) and the applicable requirements of the 2012 Cumulative List of Changes in Plan Qualification Requirements contained in Notice 2012-76, 2012-62 I.R.B. 775. The Plan is required to operate in conformity with the terms of the Plan to maintain the tax-exempt status for Plan participants under Section 403(b). The Sponsor believes that the Plan is currently designed and operating in accordance with the applicable requirements of the Internal Revenue Code.

HIGH MEADOWS SCHOOL, INC. 403(B)

 NOTES TO FINANCIAL STATEMENTS
 YEARS ENDED DECEMBER 31, 2024 AND 2023

6. Tax Status (continued):

GAAP requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS, U.S. Department of Labor, and/or Georgia Department of Revenue. The Sponsor has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Plan Termination:

Although it has not expressed any intention 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. In the event of plan termination, the accounts of each participant would continue to be fully vested.

8. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statements of net assets available for benefits.

9. Related-Party Transactions and Party-in-Interest Transactions:

In 2024 and 2023, certain plan investments were managed by TIAA and CREF, the custodian of the Plan, and therefore, they qualify as party-in-interest transactions. The custodian administers the Plan and receives fees from the Plan for these services. Additionally, certain plan participants have taken plan loans from TIAA. For these plan loans, a portion of the participants' accounts are reserved, or held in collateral, to cover 110% of the outstanding loan balance in case of default. The interest rate for these plan loans may be fixed or variable and all plan loan interest is paid directly to TIAA. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA. As of December 31, 2024 and 2023, the following were reserved for outstanding plan loans received by participants:

	<u>2024</u>	<u>2023</u>
Reserved for outstanding plan loans to participants	\$ 869	\$ 2,571

The Plan's revenue sharing agreement with the custodian provides revenue sharing payments to the Plan on an annual basis. During the years ended December 31, 2024 and 2023, the Plan received the following credit amounts from the custodian pursuant to its revenue sharing agreement:

	<u>2024</u>	<u>2023</u>
Revenue sharing credits	\$ 4,935	\$ 4,544

HIGH MEADOWS SCHOOL, INC. 403(B)

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

9. Related-Party Transactions and Party-in-Interest Transactions (continued):

The revenue sharing credits may be used to pay reasonable and necessary plan administration expenses that would not have been incurred but for the Plan. In addition, the revenue sharing credits may be allocated as additional investment earnings in the form of plan servicing credits to participant accounts. During the years ended December 31, 2024 and 2023, no revenue sharing credits were used to offset administrative expenses not covered by excess revenues credits and the following were allocated as additional income to the participants' accounts:

	<u>2024</u>	<u>2023</u>
Revenue sharing credits allocated to participants' accounts	\$ 18,503	\$ -

10. Assets Allocated to Terminated Participants:

Net assets available for benefits include amounts allocated to the accounts of participants who were terminated prior to year-end but had not yet received payment. At December 31, 2024 and 2023, the vested account balances of terminated participants were:

	<u>2024</u>	<u>2023</u>
Vested account balances of terminated participants	\$ 6,406,214	\$ 6,031,857

11. Subsequent Events:

Subsequent events have been evaluated through July 30, 2025, which is the date the financial statements were available to be issued.

HIGH MEADOWS SCHOOL, INC. 403(B)
EIN 58-1846247 PLAN 009

FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(e)
Party-In-Interest	Identify of issue, borrower, Lessor, or similar party	Description of investment including Maturity rate, rate of interest Collateral, par or maturity value	Current Value
*	College Retirement Equities Fund Variable Annuities	TIAA Traditional Benefit Responsive	728,810
*	College Retirement Equities Fund Variable Annuities	TIAA Traditional Non Benefit Responsive	708,988
*	College Retirement Equities Fund Variable Annuities	TIAA Real Estate	178,659
*	College Retirement Equities Fund Variable Annuities	CREF Stock R1	1,707,700
*	College Retirement Equities Fund Variable Annuities	CREF Money Market R1	132,341
*	College Retirement Equities Fund Variable Annuities	CREF Social Choice R1	337,068
*	College Retirement Equities Fund Variable Annuities	CREF Global Equities R1	816,976
*	College Retirement Equities Fund Variable Annuities	CREF Growth R1	975,542
*	College Retirement Equities Fund Variable Annuities	CREF Equity Index R1	687,540
*	College Retirement Equities Fund Variable Annuities	CREF Inflation-Linked Bond R1	46,110
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Core Pl Bd T4	155,849
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Equity Idx T4	1,545
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Intl Equity T4	45,195
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Lrg Cap Gr T4	25,829
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Lrg Cap Val T4	21,736
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2020 T4	157,330
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2025 T4	88,528
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2030 T4	91,030
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2035 T4	124,882
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2040 T4	190,649
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2045 T4	87,534
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2050 T4	209,782
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Mid Cap Grw T4	12,754
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Mid Cap Val T4	23,783
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv RIEstSecSel T4	37,853
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Sm Cp Bl Ix T4	47,428
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv Qt Sm Cp Eq T4	19,050
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LgCp Res Eq T4	3,069
*	College Retirement Equities Fund Variable Annuities	CREF Core Bond R1	207,476
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2010 Retire	4
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2015 Retire	4,148
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2020 Retire	93,048
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2025 Retire	220,245
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2030 Retire	448,630
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2035 Retire	177,870
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2040 Retire	249,810
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2045 Retire	239,574
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2050 Retire	113,019
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2055 Retire	38,270
	College Retirement Equities Fund Variable Annuities	Nuveen S&P 500 Index Retire	140,077
	College Retirement Equities Fund Variable Annuities	Vanguard Explorer Adm	7,387
*	College Retirement Equities Fund Variable Annuities	TIAA Access Nuv LifCyc 2055 T4	49,716
*	College Retirement Equities Fund Variable Annuities	TIAA Access Champlain Md Cp T4	6,667
*	College Retirement Equities Fund Variable Annuities	TIAA Access Lazard Intl Eq T4	51,735
*	College Retirement Equities Fund Variable Annuities	TIAA Access Vang Equity Inc T4	58,809
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2060 Retire	5,086
	College Retirement Equities Fund Variable Annuities	MFS Value Fund Class R6	11,126
	College Retirement Equities Fund Variable Annuities	JPMorgan Large Cap Growth R6	604,749
	College Retirement Equities Fund Variable Annuities	American Cent MdCpVa Fd Cla R6	10,585
	College Retirement Equities Fund Variable Annuities	MFS Intl Diversification Cl R6	19,275
	College Retirement Equities Fund Variable Annuities	Vanguard Extended Mkt Idx Adm	11,512
	College Retirement Equities Fund Variable Annuities	Vanguard FTSE World Idx Adm	16,372
	College Retirement Equities Fund Variable Annuities	Nuveen Lifecycle 2065 Retire	3,857
	College Retirement Equities Fund Variable Annuities	American Funds New World R6	5,512
	College Retirement Equities Fund Variable Annuities	Dodge & Cox Income Fund - Cl X	5,402
*	College Retirement Equities Fund Variable Annuities	CREF Core Bond R4	28,661
*	Participant Loans	4.25% - 9.50%	3,492
			\$ 10,495,674

Note: Column (d) cost information is not applicable because all investments are participant directed.

Federal Statements

HIGH MEADOWS SCHOOL, INC. 403(B)

Plan: 009

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
X	COLLEGE RETIREMENT E	TIAA TRADITIONAL BEN	\$	\$ 728,810
X	COLLEGE RETIREMENT E	TIAA TRADITIONAL NON		708,988
X	COLLEGE RETIREMENT E	TIAA REAL ESTATE		178,659
X	COLLEGE RETIREMENT E	CREF STOCK R1		1,707,700
X	COLLEGE RETIREMENT E	CREF MONEY MARKET R1		132,341
X	COLLEGE RETIREMENT E	CREF SOCIAL CHOICE R		337,068
X	COLLEGE RETIREMENT E	CREF GLOBAL EQUITIES		816,976
X	COLLEGE RETIREMENT E	CREF GROWTH R1		975,542
X	COLLEGE RETIREMENT E	CREF EQUITY INDEX R1		687,540
X	COLLEGE RETIREMENT E	CREF INFLATION-LINKE		46,110
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV CORE		155,849
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV EQUI		1,545
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV INTL		45,195
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LRG		25,829
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LRG		21,736
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LIFC		157,330
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LIFC		88,528
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LIFC		91,030
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LIFC		124,882
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LIFC		190,649
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LIFC		87,534
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LIFC		209,782
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV MID		12,754
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV MID		23,783
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV RLES		37,853
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV SM C		47,428
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV QT S		19,050
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LGCP		3,069
X	COLLEGE RETIREMENT E	CREF CORE BOND R1		207,476
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 201		4
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 201		4,148
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 202		93,048
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 202		220,245
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 203		448,630
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 203		177,870
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 204		249,810
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 204		239,574
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 205		113,019
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 205		38,270
	COLLEGE RETIREMENT E	NUVEEN S&P 500 INDEX		140,077
	COLLEGE RETIREMENT E	VANGUARD EXPLORER AD		7,387
X	COLLEGE RETIREMENT E	TIAA ACCESS NUV LIFC		49,716
X	COLLEGE RETIREMENT E	TIAA ACCESS CHAMPLAI		6,667
X	COLLEGE RETIREMENT E	TIAA ACCESS LAZARD I		51,735
X	COLLEGE RETIREMENT E	TIAA ACCESS VANG EQU		58,809
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 206		5,086
	COLLEGE RETIREMENT E	MFS VALUE FUND CLASS		11,126
	COLLEGE RETIREMENT E	JPMORGAN LARGE CAP G		604,749
	COLLEGE RETIREMENT E	AMERICAN CENT MDCPVA		10,585
	COLLEGE RETIREMENT E	MFS INTL DIVERSIFICA		19,275
	COLLEGE RETIREMENT E	VANGUARD EXTENDED MK		11,512
	COLLEGE RETIREMENT E	VANGUARD FTSE WORLD		16,372

Federal Statements**HIGH MEADOWS SCHOOL, INC. 403(B)****Plan: 009****Assets Held for Investment (continued)**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	COLLEGE RETIREMENT E	NUVEEN LIFECYCLE 206	\$	\$ 3,857
	COLLEGE RETIREMENT E	AMERICAN FUNDS NEW W		5,512
	COLLEGE RETIREMENT E	DODGE & COX INCOME F		5,402
X	COLLEGE RETIREMENT E	CREF CORE BOND R4		28,661
X	PARTICIPANT LOANS	4.25% - 9.50%		3,492