

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
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: HOMESALE REALTY SERVICES GROUP, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1999
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): 20-1177338
2c Plan Sponsor's telephone number: 717-286-9978
2d Business code (see instructions): 531390

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

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

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

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

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	296
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)	285
	6a(2)	250
	6b	1
	6c	14
	6d	265
	6e	0
	6f	265
	6g(1)	0
6g(2)	197	
6h	18	
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:
 2E 3D 2G 2J 2K 2F 2T 3H 2S

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>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>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 HOMESALE REALTY SERVICES GROUP, INC. 401(K) PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HOMESALE REALTY SERVICES GROUP, INC.</p>	<p>D Employer Identification Number (EIN) 20-1177338</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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	521620-01	161	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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(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	58140
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 0
c	(1) Contributions deposited during the year	7c(1) 9419
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 535
	(4) Transferred from separate account	7c(4) 48592
	(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5) 0
	(6) Total additions	7c(6) 58546
d	Total of balance and additions (add lines 7b and 7c(6))	7d 58546
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 325
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 81
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 406	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 58140

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 HOMESALE REALTY SERVICES GROUP, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOMESALE REALTY SERVICES GROUP, INC.	D Employer Identification Number (EIN) 20-1177338	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	10111	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

RAYMOND JAMES

880 CARILLON PARKWAY
ST PETERSBURG FL
ST PETERSBURG, FL 33716

(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	9610	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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>HOMESALE REALTY SERVICES GROUP, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOMESALE REALTY SERVICES GROUP, INC.</u>	D Employer Identification Number (EIN) <u>20-1177338</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY TRUST AMERICAN FUNDS 203</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
c EIN-PN <u>38-4126263-567</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>667413</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY TRUST AMERICAN FUNDS 204</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
c EIN-PN <u>38-4126265-569</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>429392</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY TRUST AMERICAN FUNDS 205</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
c EIN-PN <u>38-4126267-571</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>196787</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY TRUST AMERICAN FUNDS 205</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
c EIN-PN <u>38-4126266-570</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>85249</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY TRUST AMERICAN FUNDS 202</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
c EIN-PN <u>38-4126260-564</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>590259</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY TRUST AMERICAN FUNDS 202</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
c EIN-PN <u>38-4126261-565</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>440647</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY TRUST AMERICAN FUNDS 201</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
c EIN-PN <u>38-4126259-563</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>18569</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 206

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

c EIN-PN 38-7275308-777	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20899
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 203

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

c EIN-PN 38-4126262-566	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1063296
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 204

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

c EIN-PN 38-4126264-568	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 381434
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FUNDS 206

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

c EIN-PN 38-4126268-572	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78250
--------------------------------	------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 HOMESALE REALTY SERVICES GROUP, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOMESALE REALTY SERVICES GROUP, INC.	D Employer Identification Number (EIN) 20-1177338

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	34529	112268
(9) Value of interest in common/collective trusts	1c(9)	0	3972195
(10) Value of interest in pooled separate accounts	1c(10)	4385851	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	509283
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	20189	58140
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	4440569	4651886
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	5091	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5091	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4435478	4651886

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)	0	
(B) Participants.....	2a(1)(B)	606861	
(C) Others (including rollovers).....	2a(1)(C)	128538	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	6517	
(F) Other.....	2b(1)(F)	18356	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24873
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	23220	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		23220
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)		425746
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		30387
c Other income	2c		5028
d Total income. Add all income amounts in column (b) and enter total.....	2d		1244653

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1008375	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1008375
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	19870	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses.....	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		19870
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1028245

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		216408
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: **TROUT CPA**

(2) EIN: **23-1551315**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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>HOMESALE REALTY SERVICES GROUP, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOMESALE REALTY SERVICES GROUP, INC.</u>	D Employer Identification Number (EIN) <u>20-1177338</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 84-1455663

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

Homesale Realty Services Group, Inc.
401(k) Profit Sharing Plan

Years Ended December 31, 2024 and 2023

**Homesale Realty Services Group, Inc.
401(k) Profit Sharing Plan**

Financial Statements with Supplementary Information

Years Ended December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Homesale Realty Services Group, Inc. 401(k) Profit Sharing Plan
Lancaster, Pennsylvania

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

We have performed audits of the financial statements of **Homesale Realty Services Group, Inc. 401(k) Profit Sharing Plan**, (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (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 certifications from qualified institutions 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees, 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **Homesale Realty Services Group, Inc. 401(k) Profit Sharing 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 **Homesale Realty Services Group, Inc. 401(k) Profit Sharing Plan's** ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 **Homesale Realty Services Group, Inc. 401(k) Profit Sharing 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 **Homesale Realty Services Group, Inc. 401(k) Profit Sharing 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 certifications, 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 Matters - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and assets (acquired and disposed of within year), as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Trout CPA

August 12, 2025
Lancaster, Pennsylvania

Homesale Realty Services Group, Inc.
401(k) Profit Sharing Plan
STATEMENTS of NET ASSETS AVAILABLE for BENEFITS
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at Fair Value (Notes 3 and 4)	\$ 4,481,478	\$ 4,406,040
Investments, at Contract Value (Notes 3 and 5)	58,140	-0-
Notes Receivable from Participants (Note 3)	<u>112,268</u>	<u>34,529</u>
TOTAL ASSETS	4,651,886	4,440,569
LIABILITIES		
Excess Contributions Payable	<u>-0-</u>	<u>5,091</u>
NET ASSETS AVAILABLE for BENEFITS	<u>\$ 4,651,886</u>	<u>\$ 4,435,478</u>

See notes to financial statements.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment Income (Note 3)		
Net Appreciation in Fair Value of Investments	\$ 461,161	\$ 719,454
Interest and Dividends	<u>41,576</u>	<u>-0-</u>
Total Investment Income	502,737	719,454
Interest on Notes Receivable from Participants (Note 3)	6,517	1,846
Contributions:		
Participants	606,861	508,646
Rollovers	<u>128,538</u>	<u>34,858</u>
Total Contributions	<u>735,399</u>	<u>543,504</u>
Total Additions	1,244,653	1,264,804
DEDUCTIONS		
Benefits Paid	1,008,375	1,481,089
Administrative Expenses	<u>19,870</u>	<u>47,289</u>
Total Deductions	<u>1,028,245</u>	<u>1,528,378</u>
NET INCREASE (DECREASE) for YEAR	216,408	(263,574)
NET ASSETS AVAILABLE for BENEFITS		
Beginning of Year	<u>4,435,478</u>	<u>4,699,052</u>
End of Year	<u>\$ 4,651,886</u>	<u>\$ 4,435,478</u>

See notes to financial statements.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION of PLAN

The following brief description of the **Homesale Realty Services Group, Inc. 401(k) Profit Sharing Plan** (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General and Plan Amendment

The Plan is a discretionary profit sharing plan with a 401(k) provision covering all eligible employees of Homesale Realty Services Group, Inc. and its subsidiaries and related employers (the Corporation): Homesale Real Estate Services, Inc., Homesale Settlement Services, Inc., Homesale Primus LLC, Endeavor Title LLC, Brownstone Real Estate Company Inc., Homesale Insurance Services, LLC, Intercounty Land Transfer LP, Homesale YWCG Realty, LLC, and Bowen Real Estate Ventures, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Corporation is the Plan Sponsor and is responsible for the oversight of the Plan and for determining the appropriateness of investment offerings.

The Plan was amended on February 27, 2023 to add Homesale Primus LLC, Endeavor Title LLC, Brownstone Real Estate Company Inc., and Intercounty Land Transfer LP as related employers. The Plan was also amended to incorporate regulatory changes to-date from the Coronavirus Aid, Relief, and Economic Security (CARES) Act and Setting Every Community Up for Retirement Enhancement (SECURE) Act.

On January 26, 2024, the Plan transferred assets totaling \$4,325,252 to Empower Retirement LLC, the trustee. In connection with this change, new investment fund options were established. In addition to the transfer of assets, the Plan was restated in its entirety effective January 26, 2024 to include the following changes:

- Increased automatically enrolled participants default deferral rate from 1 percent to 3 percent.
- Added Homesale YWGC Realty, LLC and Bowen Real Estate Ventures as related employers.
- Allows in-plan Roth rollover contributions.

The Plan Sponsor intends to amend the Plan to formally incorporate these CARES Act and SECURE Act provisions by the Plan year ended December 31, 2026.

Eligibility

An employee becomes eligible to participate in the Plan after he/she has obtained age 18 and completed three months of service. After meeting the eligibility requirements, an employee becomes a participant in the Plan on the earlier of the first day of the Plan year, the first day of the fourth, seventh, or tenth month of the Plan year coinciding with or following the date on which the eligibility requirements are satisfied.

Funding Policy

Participant Contributions - Employees may contribute up to the lesser of 100% of their compensation, including bonuses, or the maximum allowed by law. This contribution is in the form of an elective pre-tax or Roth contribution (salary deferral). Employees who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

Automatically enrolled participants have their deferral rate set at 1 percent from January 1, 2023 through January 26, 2024, and at 3 percent starting January 26, 2024 of eligible compensation and their contributions are invested in a default investment option, until changed by the participant. Participants can choose to contribute to any investment options offered by the Plan.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 1 - DESCRIPTION of PLAN (Continued)

Funding Policy (Continued)

Rollover Contributions - Participants may make rollover contributions after meeting the eligibility requirements for participation in the Plan.

Matching Employer Contributions - In addition, with respect to each Plan year, the employer may contribute a discretionary matching contribution to each eligible participant in accordance with the nondiscriminatory formula established by the employer. For the years ended December 31, 2024 and 2023, no discretionary matching employer contributions were made.

Profit Sharing Employer Contributions - With respect to each Plan year, a discretionary profit sharing employer contribution may be allocated to each eligible participant. The profit sharing employer contribution is allocated to each eligible participant in proportion to each eligible participant's compensation after taking into account the employer's contribution to Social Security. For the years ended December 31, 2024 and 2023, no discretionary profit sharing employer contributions were made.

All contributions are invested as directed by each participant according to their investment allocation elections or in a default investment option (if no election has been made). Contributions are subject to certain limitations.

Investment Results - Each participant's proportionate share of investment earnings and investment value increases or decreases are allocated daily to his/her account.

Participant Accounts

Each participant's account is credited with his/her contributions, employer contributions made on his/her behalf, his/her share of any forfeited amounts, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on his/her earnings, account balances, or specific transactions, as defined by the Plan's Adoption Agreement and fee schedule(s). The benefit to which he/she is entitled is the benefit that can be provided from his/her vested account.

Vesting

Participants are vested immediately in their salary deferrals and rollover contributions, which include actual earnings or losses thereon. If a participant in the Plan terminates employment other than by early retirement, disability, or death, employer contributions and earnings or losses thereon vest in accordance with the following table:

Years of Service	Vesting Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 1 - DESCRIPTION of PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the custodian. Principal and interest is paid ratably through bi-weekly payroll deductions. Participants are not limited to a maximum number of outstanding notes at a given time.

Retirement Benefits and Distributions

Payment Options - Upon retirement, disability, death, or termination of employment, the participant's account may be paid in a lump sum as soon as administratively feasible following the date on which a distribution is requested or is otherwise payable. Account balances of terminated participants up to \$1,000 may be distributed to them without their consent. In the event of a mandatory distribution, unless otherwise elected by the participant, account balances of terminated participants between \$1,001 and \$5,000 shall be distributed in a direct rollover to an individual retirement account designated by the Plan Administrator. Account balances of terminated participants in excess of \$5,000 may remain in the Plan and are subject to minimum required distribution rules at age 73 for the years ended December 31, 2024 and 2023, under the SECURE Act.

Normal Retirement - A participant's account is 100% vested and is payable upon retirement at age 65.

Early Retirement - A participant may choose to retire early and his/her account is 100% vested upon attaining the age of 55 while still employed with the Plan Sponsor.

Late Retirement - If a participant continues working after their normal retirement date, he/she will remain in the Plan as an active member. The participant's account is 100% vested and will become payable when he/she actually retires from active employment, subject to minimum distribution rules at age 73 for the years ended December 31, 2024 and 2023, under the SECURE Act.

Disability - If a participant becomes totally and permanently disabled, he/she will be 100% vested in their account, regardless of the number of years of service.

Death Benefits - If a participant dies while an active member of the Plan, his/her account is 100% vested and will be payable to the designated beneficiary or beneficiaries. If the participant is married, his/her spouse will automatically become the beneficiary unless the participant specifies otherwise with the written consent of the spouse.

Hardship Distributions - Hardship distributions may be requested from the Plan in the event of financial hardship in an amount which includes elective deferrals (excluding earnings), rollover contributions and earnings, and certain employer contributions and earnings. The amount of the hardship withdrawal may not exceed the amount of financial hardship after all other financial resources have been exhausted.

In-Service Distributions - Participants may elect to withdrawal all or a portion of their vested account balance upon reaching age 59½, or have reached normal retirement age, and continue to be employed.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 1 - DESCRIPTION of PLAN (Continued)

Forfeitures

Forfeitures occur as of the earlier of the last day of the Plan year in which a former participant incurs five consecutive one-year breaks in service or the distribution of a participant's entire vested account balance. Forfeitures may be used to pay Plan administrative costs or to offset the sponsor's discretionary matching and/or profit sharing contribution obligation under the Plan. Forfeited non-vested account balances amounted to \$-0- for both the years ended December 31, 2024 and 2023. Forfeitures of \$-0- were used to offset Plan administrative costs for both the years ended December 31, 2024 and 2023.

NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis in accordance with accounting principles generally accepted in the United States of America (US GAAP). Current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investments in the common collective trust funds are valued using net asset value (NAV) as a practical expedient. Plan management has determined that the practical expedient is preferable since participants are able to transact at NAV, and other fair value information is not readily available to management. 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. 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 balances plus any accrued but unpaid interest. Interest income on the notes is recorded when the payments are withheld from the participants. Any interest that is withheld but not received by the Plan prior to year end is accrued and reflected as interest on notes receivable from participants in the accompanying statements of net assets available for benefits. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded for purposes of Form 5500 reporting. However, for purposes of the financial statements, for active participants who have not incurred a distributable event (employment termination, death, or disability), but have delinquent loans, the participant loan remains outstanding until a distributable event occurs.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES (Continued)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2023 excess contributions to the applicable participants by March 15, 2024. There were no excess contributions payable at December 31, 2024.

Contributions

Contributions from Plan participants and the matching contributions from the Employer, if any, are recorded in the year which the employee contributions are withheld from compensation.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan pays for all recordkeeping charges, while the Plan Sponsor absorbs the remaining administrative costs of the Plan.

NOTE 3 - INFORMATION PREPARED and CERTIFIED by the TRUSTEES (UNAUDITED)

Equitable Financial Life Insurance Company, the trustee of the Plan from January 1, 2023 through January 26, 2024 and Empower Trust Company, LLC and Empower Annuity Insurance Company of America, the trustee starting on January 26, 2024, held the Plan's assets as of and for the years ended December 31, 2024 and 2023. The following information was certified as complete and accurate by the Plan's trustees under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974:

	December 31,	
	2024	2023
Investments at Fair Value:		
Guaranteed Interest Option	-0-	20,189
Pooled Separate Accounts (PSAs)	-0-	4,385,851
Registered Investment Companies	509,283	-0-
Common Collective Trust Funds	3,972,195	-0-
Investments at Contract Value:		
Guaranteed Annuity Contract	<u>58,140</u>	<u>-0-</u>
Total Investments	4,539,618	4,406,040
Notes Receivable from Participants	<u>112,268</u>	<u>34,529</u>
	4,651,886	4,440,569

Investment income for the years ended December 31, 2024 and 2023, totaled \$502,737 and \$719,454, respectively. The Plan earned interest income on the notes receivable from participants of \$6,517 and \$1,846 for the years ended December 31, 2024 and 2023, respectively.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset 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 methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Guaranteed Interest Option: Fair value is the amount the Plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. This fair value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates (See Note 6).

Pooled Separate Accounts: Unit value calculated based on the observable net asset value of the underlying investments. The portfolio features diversified investment offerings intended to balance investment risk with the need for investment growth to provide for participant retirement, death and disability benefits. Investments are redeemable in accordance with application of participant directives and Plan benefit provisions.

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

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Common Collective Trust Funds: Valued at the net asset value (NAV) as provided by the trustees. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investments for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

The preceding methods described may produce a fair value calculation 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:

	Level 1	Level 2	Level 3	Total
Registered Investment Companies	509,283	-0-	-0-	509,283
Investments Measured at Net Asset Value (a)				<u>3,972,195</u>
Investments at Fair Value				4,481,478

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

	Level 1	Level 2	Level 3	Total
Guaranteed Interest Option	-0-	20,189	-0-	20,189
Pooled Separate Accounts	<u>4,385,851</u>	<u>-0-</u>	<u>-0-</u>	<u>4,385,851</u>
	4,385,851	20,189	-0-	4,406,040

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

Level 3 Gains and Losses

There were no level 3 investments as of or for the years ended December 31, 2024 and 2023.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarizes investments for which fair value is measured using the net asset value per share (practical expedient) as of December 31, 2024.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Currency (if Currently Eligible)	Redemption Notice Period
Common Collective Trust Funds				
Target Funds (a)	3,972,195	N/A	Daily	None

- a. Investments in this category are target date funds (age-based investment options) that generally invest in affiliated and unaffiliated mutual funds or asset allocation models that are intended to invest in a manner appropriate for participants within a particular age group. Investments in this category can be redeemed immediately at the current net asset value per share based on the fair value of the underlying assets.

NOTE 5 - INVESTMENT CONTRACTS with INSURANCE COMPANY

Beginning on January 26, 2024, the Plan has investments in a traditional fully benefit responsive group annuity contract with Empower Annuity Insurance Company of America. Empower Annuity Insurance Company of America 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 group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the group annuity contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributed to the group annuity contracts. This investment contract is included in the face of the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Empower Annuity Insurance Company of America, represented contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants are allowed to ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract values for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate was approximately 1.41% for the year ended December 31, 2024 . The crediting interest rate on the group annuity contract is compounded daily and determined quarterly by the issuer.

The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 5 - INVESTMENT CONTRACTS with INSURANCE COMPANY (Continued)

In addition, the group annuity contract is subject to certain transfer restrictions. Under the group annuity contract participant exchanges from the annuity contract account to another investment option within the Plan is allowed. Other exchanges, which were not participant directed, required the mutual consent of the issuer and the contract owner and generally require sixty-day advance notice. The group annuity contract also has restrictions which can be activated under participant excessive trading provisions.

NOTE 6 - GUARANTEED INTEREST OPTION

For the year ended December 31, 2023, the Plan held a non-benefit responsive guaranteed interest contract with Equitable Life Insurance Company with a fair value of \$20,189. This contract provided a guaranteed interest rate for a specified period of time, five years. The rate credited was the rate in effect on the day when each deposit was directed to the account. This contract was terminated on January 26, 2024, as a result of the transfer of assets discussed in Note 1. Due to the nature of the transfer, no significant withdrawal charges were incurred.

This contract promised contract value for a benefit event (termination, death, disability, and retirement); however, there was a possible surrender charge when funds were withdrawn prior to their maturity. Thus, the guaranteed interest account was considered non-benefit responsive.

If the participant terminated participation in the fund before a guaranteed interest account matured or transferred funds to other investments beyond the limits of the contract, the Plan would apply an early withdrawal charge to the guaranteed interest account balances.

The guaranteed interest option crediting rate was 2.0% for the year ended December 31, 2023. The contract minimum interest rate was 1.00%.

NOTE 7 - TERMINATION of PLAN

It is the intention of the Corporation that the Plan will continue indefinitely, but the continuance of the Plan is not assumed as a contractual obligation of the Corporation. The Corporation may terminate the Plan at any time subject to the provisions of ERISA. In the event of a full Plan termination, participants would become 100% vested in their discretionary employer matching and profit sharing contributions.

NOTE 8 - TAX STATUS

The Plan adopted a Non-Standardized Pre-Approved Plan which received an opinion letter on November 14, 2022, in which the Internal Revenue Service stated that the Non-Standardized Pre-Approved Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving this opinion letter. However, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 8 - TAX STATUS (Continued)

US 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 position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - RELATED PARTY and PARTY-in-INTEREST TRANSACTIONS

The Plan invested in a guaranteed interest option and pooled separate account managed by Equitable Financial Life Insurance Company, the trustee of the Plan from January 1, 2023 through January 26, 2024. The Plan is invested in a guaranteed annuity contract, investments, and common collective trust funds managed by Empower Trust Company, LLC and Empower Annuity Insurance Company of America, the trustee of the Plan beginning January 26, 2024. All these transactions qualify as party-in-interest transactions. The value of these investments totaled \$84,300 and \$4,406,040 at December 31, 2024 and 2023, respectively.

As previously discussed, the Plan may issue notes receivable to participants that are secured by participant account balances. The value of the notes receivable outstanding were \$112,268 and \$34,529 for the years ended December 31, 2024 and 2023, respectively. Interest income from participant loans was \$6,517 and \$1,846 for the years ended December 31, 2024 and 2023, respectively. All of these transactions qualify as party-in-interest transactions and are not prohibited transactions.

From January 1, 2023 through January 26, 2024 the Plan paid for certain recordkeeping fees charged by Equitable Financial Life Insurance Company. Starting on January 26, 2024, the Plan is now paying certain recordkeeping fees charged by Empower Trust Company, LLC and Empower Annuity Insurance Company of America. Both of these organizations are designated as a party-in-interest to the Plan for the years ended December 31, 2024 and 2023. These fees do not constitute a prohibited transaction and amounted to \$10,111 and \$46,531 for the years ended December 31, 2024 and 2023, respectively.

NOTE 10 - RISKS and UNCERTAINTIES

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

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

NOTES to FINANCIAL STATEMENTS

(Continued)

NOTE 11 - SUBSEQUENT EVENTS

Effective March 2025, the Plan adopted a provision under the SECURE 2.0 Act of 2022 allowing participants to self-certify that they meet the requirements to receive a hardship distribution. Under this provision, the Plan Administrator is permitted to rely on an employee's self-certification that a hardship event has occurred and that the distribution is necessary to satisfy the financial need, provided that the Plan does not have actual knowledge to the contrary.

Subsequent events have been evaluated through August 12, 2025, which represents the date the financial statements were available to be issued.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

EIN 20-1177338 Plan No. 001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

December 31, 2024

(a) (b)	Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Guaranteed Investment Contract:				
	El Fixed Account - Series Class 1 Issued by Empower Annuity			
*	Insurance Company of America	Guaranteed Annuity Contract	**	\$ 58,140
Registered Investment Companies:				
	Allspring	Real Return R6	**	67,253
	American Funds	American Balanced R6	**	1,436
	American Funds	Bond Fund of America R6	**	31,051
	DFA	Global Allocation 25/75 Port Instl	**	437
	DFA	International Vector Equity Instl	**	6,325
*	Empower	S&P Small Cap 600 Index Instl	**	26,160
	Fidelity	500 Index	**	4,031
	Fidelity	Advisor Asset Manager 40% Z	**	11,185
	Fidelity	Large Cap Growth Index	**	63,425
	Fidelity	Large Cap Value Index	**	1,964
	Fidelity	Mid Cap Growth Index	**	17,436
	Fidelity	Mid Cap Index	**	991
	Fidelity	Small Cap Growth Index	**	4,576
	Fidelity	Small Cap Value Index	**	13,465
	JP Morgan	Growth Advantage R6	**	21,156
	JP Morgan	US Equity R6	**	184,184
	Putnam	Global Technology R6	**	23,359
	Putnam	Small Cap Growth R6	**	17,230
	State Street	Hedged Intl Dev Equity Index K	**	13,619
Total Registered Investment Companies				509,283
Common Collective Trust Funds:				
	Great Gray Trust	American Funds 2015 I	**	18,569
	Great Gray Trust	American Funds 2020 I	**	590,259
	Great Gray Trust	American Funds 2025 I	**	440,647
	Great Gray Trust	American Funds 2030 I	**	1,063,296
	Great Gray Trust	American Funds 2035 I	**	667,413
	Great Gray Trust	American Funds 2040 I	**	381,434
	Great Gray Trust	American Funds 2045 I	**	429,392
	Great Gray Trust	American Funds 2050 I	**	85,249
	Great Gray Trust	American Funds 2055 I	**	196,787
	Great Gray Trust	American Funds 2060 I	**	78,250
	Great Gray Trust	American Funds 2065 I	**	20,899
Total Common Collective Trust Funds				\$3,972,195

* Indicates party-in-interest to Plan.

** Information not required.

See independent auditors' report.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

EIN 20-1177338 Plan No. 001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

(Continued)

December 31, 2024

(a) (b)	Identity of Issue, Borrower, Lessor, or Similar Party	(c)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)	Cost	(e)	Current Value
	Receivables:						
*	Participant Loans		8.50% - 9.50%, Various Maturity Dates (Feb 2025 - Sep 2029); Collateral - Portion of Participants' Vested Account Balances		\$ -0-		\$ <u>112,268</u>
					<u>\$ -0-</u>		<u>\$ <u>112,268</u></u>

* Indicates party-in-interest to Plan.

** Information not required.

See independent auditors' report.

Homesale Realty Services Group, Inc.

401(k) Profit Sharing Plan

EIN 20-1177338 Plan No. 001

Schedule H - Line 4i - SCHEDULE of ASSETS (ACQUIRED and DISPOSED of WITHIN YEAR)

Year Ended December 31, 2024

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Participant Loans	8.50% - 9.50%, Various Maturity Dates (Feb 2025 - Sep 2029); Collateral - Portion of Participants' Vested Account Balances	\$ -0-	\$ -0-

See independent auditors' report.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)HomeSale Realty Services Group, Inc. 401(k) Profit Sharing Plan
01-JAN-24 to 31-DEC-24

19-JAN-25 21:59:37

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IFIKYX			11,218.95	11,184.57
IWTA15I			17,371.57	18,568.99
IWTA20I			547,489.44	590,258.95
IWTA25I			410,056.74	440,647.36
IWTA30I			972,814.10	1,063,296.73
IWTA35I			602,994.18	667,412.58
IWTA40I			342,522.33	381,434.45
IWTA45I			381,828.24	429,391.89
IWTA50I			76,562.62	85,248.57
IWTA55I			175,463.61	196,786.55
IWTA60I			70,458.96	78,249.75
IWTA65I			18,849.60	20,899.21
IDFVQX			6,165.52	6,324.87
ISSHQX1			12,728.67	13,619.42
IPITEX			21,732.44	23,359.39
IFECGX			4,048.93	4,575.79
IFISVX			12,116.50	13,464.99
IMXERX			26,325.53	26,159.78
IPLKGX			14,540.49	17,230.35
IFSMGX			959.80	990.64
IFMDGX			14,620.41	17,436.49
IFSPGX			52,218.55	63,425.48
IFLCOX			1,886.79	1,964.43
IFXAIX			3,656.15	4,030.62
IJGVVX			18,374.15	21,155.54
IJUEMX			170,852.53	184,183.48
IRLBGX			1,452.81	1,435.91
IDGTSX			452.01	437.30
IRBFGX			31,597.76	31,051.21
IIPBJX			63,860.70	67,252.83
IGWAQ35		1.450	57,492.62	58,024.96
			4,142,712.70	4,539,503.08
PARTICIPANT LOANS	VARIOUS	4.250-9.500	112,260.95	112,268.27
FORFEITURES			113.58	115.05

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)
HomeSale Realty Services Group, Inc. 401(k) Profit Sharing Plan
01-JAN-24 to 31-DEC-24

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INVESTMENT OPTION

MATURITY DATE

INTEREST RATE

COST OF ASSETS

CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1FIKYX	Fidelity Advisor Asset Manager 40% Z	1WTA15I	Great Gray Trust American Funds 2015 I
1WTA20I	Great Gray Trust American Funds 2020 I	1WTA25I	Great Gray Trust American Funds 2025 I
1WTA30I	Great Gray Trust American Funds 2030 I	1WTA35I	Great Gray Trust American Funds 2035 I
1WTA40I	Great Gray Trust American Funds 2040 I	1WTA45I	Great Gray Trust American Funds 2045 I
1WTA50I	Great Gray Trust American Funds 2050 I	1WTA55I	Great Gray Trust American Funds 2055 I
1WTA60I	Great Gray Trust American Funds 2060 I	1WTA65I	Great Gray Trust American Funds 2065 I
1DFVQX	DFA International Vector Equity Instl	1SSHQX1	State Street Hedged Intl Dev Eq Idx K
1PTTEX	Putnam Global Technology R6	1FECEGX	Fidelity Small Cap Growth Index
1FISVX	Fidelity Small Cap Value Index	1MXERX	Empower S&P Small Cap 600 Index Inst
1PLKGX	Putnam Small Cap Growth R6	1FSMDX	Fidelity Mid Cap Index
1FMDGX	Fidelity Mid Cap Growth Index	1FSPGX	Fidelity Large Cap Growth Index
1FLCOX	Fidelity Large Cap Value Index	1FXAIX	Fidelity 500 Index
1JGVVX	JPMorgan Growth Advantage R6	1JUEMX	JPMorgan US Equity R6
1RLBGX	American Funds American Balanced R6	1DGT SX	DFA Global Allocation 25/75 Port Instl
1RBF GX	American Funds Bond Fund of Amer R6	1IPBJX	Allspring Real Return R6
1GW AQ35	EI Fixed Account - Series Class I		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year