

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: HERITAGE HALL 403(B) DC AND TDA PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan): HERITAGE HALL
2b Employer Identification Number (EIN): 73-0783395
2c Plan Sponsor's telephone number: 405-749-3001
2d Business code (see instructions): 611000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PENTEGRA SERVICES, INC. 701 WESTCHESTER AVE, SUITE 320E WHITE PLAINS, NY 10604	3b Administrator's EIN 13-3745616 3c Administrator's telephone number 844-367-2848
---	---

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	418
---	----------	-----

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	6a(1)	173
a(2) Total number of active participants at the end of the plan year	6a(2)	182
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	231
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	413
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	3
f Total. Add lines 6d and 6e	6f	416
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	414
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	411
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	9

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan HERITAGE HALL 403(B) DC AND TDA PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE HALL	D Employer Identification Number (EIN) 73-0783395

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	337119	350	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
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	9606518
5	Current value of plan's interest under this contract in separate accounts at year end.....	4833915
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 10552588
c	(1) Contributions deposited during the year	7c(1) 115749
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 426513
	(4) Transferred from separate account	7c(4) 419383
	(5) Other (specify below)..... ▶ OTHER MISC EARNINGS	7c(5) 82
	(6) Total additions	7c(6) 961727
d	Total of balance and additions (add lines 7b and 7c(6))	7d 11514315
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1603678
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 277264
	(4) Other (specify below)..... ▶ OTHER MISC FEES	7e(4) 26855
(5) Total deductions	7e(5) 1907797	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 9606518

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.
--	--	---

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

A Name of plan HERITAGE HALL 403(B) DC AND TDA PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE HALL	D Employer Identification Number (EIN) 73-0783395	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA **730 THIRD AVENUE**
NEW YORK, NY 10017-3206

13-1624203

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

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

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

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

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

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

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

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

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

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

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

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

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

TWO WEST CAPITAL ADVISORS

1582 N 1060 ROAD
LAWRENCE, KS 66046

27-3055170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	ADVISOR	48196	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)

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	20979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PENTEGRA SERVICES, INC.

701 WESTCHESTER AVE., STE.320E
WHITE PLAINS, NY 10601-3027

13-3745616

(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?
14 31 64	NONE	12574	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"/>

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 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>HERITAGE HALL 403(B) DC AND TDA 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>HERITAGE HALL</u>	D Employer Identification Number (EIN) <u>73-0783395</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>200834</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HERITAGE HALL 403(B) DC AND TDA PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE HALL	D Employer Identification Number (EIN) 73-0783395

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	154	252
(2) Participant contributions	1b(2)	154	252
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6011	36417
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	217153	200834
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16202415	19442850
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	10552588	9606518
(15) Other.....	1c(15)	21134	24350

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	26999609	29311473
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26999609	29311473

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)	869586	
(B) Participants.....	2a(1)(B)	739253	
(C) Others (including rollovers).....	2a(1)(C)	813609	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2422448
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1758	
(F) Other.....	2b(1)(F)	426513	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		428271
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	385897	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		385897
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-8867
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1732459
c Other income	2c		18057
d Total income. Add all income amounts in column (b) and enter total.....	2d		4978265

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1476038	
(2) To insurance carriers for the provision of benefits	2e(2)	1108505	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2584543
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	81750	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	108	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		81858
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2666401

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2311864
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: **COULTER & JUSTUS**

(2) EIN: **62-1532536**

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.
--	---	---

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

A Name of plan <u>HERITAGE HALL 403(B) DC AND TDA 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>HERITAGE HALL</u>	D Employer Identification Number (EIN) <u>73-0783395</u>	

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

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

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

1		0
---	--	---

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

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500543A.

Financial Statements
and Supplemental Schedule

Heritage Hall 403(b) DC and TDA Plan

*As of December 31, 2024 and 2023, and
for the year ended December 31, 2024
with Independent Auditor's Report*

Heritage Hall 403(b) DC and TDA Plan

Financial Statements
and Supplemental Schedule

As of December 31, 2024 and 2023, and
for the year ended December 31, 2024

Contents

Independent Auditor’s Report.....1

Financial Statements

Statements of Net Assets Available for Benefits4

Statement of Changes in Net Assets Available for Benefits.....5

Notes to Financial Statements.....6

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....17



Independent Auditor's Report

Plan Administrator
Heritage Hall 403(b) DC and TDA Plan

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

We were engaged to perform audits of the financial statements of the Heritage Hall 403(b) DC and TDA 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Disclaimer of Opinion

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

Plan Administrator
Heritage Hall 403(b) DC and TDA Plan

Basis for Disclaimer of Opinion

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

Further, as described in Note 3 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment gain and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related investment gain and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related investment gain and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Plan Administrator
Heritage Hall 403(b) DC and TDA Plan

Auditor’s Responsibilities for the Audit of the Financial Statements

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Coulter & Justus, P.C.

Coulter & Justus, P.C.

September 16, 2025
Knoxville, Tennessee

Heritage Hall 403(b) DC and TDA Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments at fair value	\$ 21,768,415	\$ 18,817,363
Investments at contract value	4,020,002	4,434,207
Total investments	<u>25,788,417</u>	<u>23,251,570</u>
Receivables:		
Employer cash contributions	252	154
Participant cash contributions	252	154
Notes receivable from participants	36,417	6,011
Total receivables	<u>36,921</u>	<u>6,319</u>
Net assets available for benefits	<u>\$ 25,825,338</u>	<u>\$ 23,257,889</u>

See accompanying Notes to Financial Statements.

Heritage Hall 403(b) DC and TDA Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions

Investment income:

Net appreciation in fair value of investments	\$ 1,378,992
Dividend and interest income	733,460

Total investment income	<u>2,112,452</u>
-------------------------	------------------

Interest income on notes receivable from participants	1,758
---	-------

Cash contributions:

Employer	869,586
Participants	739,253
Participant rollovers	813,609

Total cash contributions	<u>2,422,448</u>
--------------------------	------------------

Total additions	<u>4,536,658</u>
-----------------	------------------

Deductions

Benefits paid to participants	1,905,408
-------------------------------	-----------

Administrative expenses to parties-in-interest, net	63,801
---	--------

Total deductions	<u>1,969,209</u>
------------------	------------------

Net increase	2,567,449
--------------	-----------

Net assets available for benefits at beginning of year	23,257,889
--	------------

Net assets available for benefits at end of year	<u><u>\$ 25,825,338</u></u>
--	-----------------------------

See accompanying Notes to Financial Statements.

Heritage Hall 403(b) DC and TDA Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan

The following description of the Heritage Hall 403(b) DC and TDA Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan available to eligible employees of Heritage Hall School, Inc. (the Employer). Employees can elect to participate on their date of hire. Students who are employed by the Employer and employees who normally work less than 20 hours per week are generally excluded from participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Employer is responsible for oversight of the Plan. Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) (collectively, TIAA and CREF), are the insurance carriers of the Plan. TIAA also serves as the recordkeeper of the Plan.

Contributions

Each year, participants may contribute up to the maximum allowed by law, as defined in the Plan. In addition, participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants can change the investment options previously elected at any time.

The Employer makes nonelective contributions equal to 5% of a participant's compensation for participants that are 21 years of age and have completed one year of service, as defined. The Employer also makes matching contributions equal to 100% of the participant's contributions up to 5% of the participant's compensation for participants that are 40 years of age or older and have completed one year of service, as defined. Service with a predecessor employer will count for purposes of determining eligibility if it was with an educational organization or a teaching institution, as defined. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's matching contributions, nonelective contributions, and Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Self-directed Brokerage Accounts

The Plan allows participants to maintain self-directed participant accounts with an approved brokerage firm. The participants' contributions are sent directly to the brokerage firm and these accounts are subject to the direction of the participant. A self-directed participant account receives all the income it earns and bears all the expense or loss it incurs.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings on these contributions. Vesting in the Employer's matching contribution and nonelective contribution portion of their accounts plus related earnings is based on years of vesting service in which the participants complete 1,000 hours of service, as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	25%
2	50%
3	75%
4 or more	100%

Note 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. If the loan is being taken from a TIAA or CREF Annuity, further limitations apply, as defined in the Plan. The notes are secured by the balance in the participant's account. The notes are required to bear interest and to be repaid over periods not exceeding five years, except for those utilized for the acquisition or improvement of a qualified principal residence, which may be repaid over ten years. Principal and interest are paid ratably.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Payment of Benefits

If the participant's vested benefit in the Plan does not exceed \$5,000 at the time of termination of employment, the participant's benefit may be distributed in a single lump-sum payment as soon as administratively feasible. If the participant's vested benefit in the Plan exceeds \$5,000 at the time of termination of employment, the participant may elect to maintain their account in the Plan, receive a lump-sum distribution, or rollover their account balance into another individual retirement account. The participant may also elect to receive installment payments of the vested portion of his or her account over a period not to exceed the life expectancy of the participant or the joint and last survivor life expectancy of the participant and the designated beneficiary, or to apply the vested portion of his or her account toward the purchase of an annuity contract. Participants may also withdraw their vested account balances at any time on or after the age of 59½, or upon retirement, death or disability. The Plan permits in-service and hardship withdrawals under certain conditions.

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures may be used to pay administrative expenses or to reduce future Employer contributions. As of December 31, 2024 and 2023, forfeited non-vested accounts total \$2,257 and \$19, respectively.

2. Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures and changes therein. Accordingly, actual results could differ from those estimates.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value except for fully benefit-responsive investment contracts which are reported at contract value (see Note 7). 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 Employer determines the Plan's valuation policies utilizing information provided by TIAA and CREF. See Note 6 for discussion of fair value measurements.

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

Contributions

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make scheduled repayments and the Plan administrator deems the note receivable to be in default, the note receivable balance is reduced and a benefit payment recorded.

Benefits Paid to Participants

Benefits are recorded when paid.

Administrative Expenses

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

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

2. Significant Accounting Policies (continued)

Administrative Expenses (continued)

The Plan participates in an expense offset arrangement; whereby certain third-party expenses are paid with rebates received by the Plan from investment managers. During 2024, the Plan received investment manager rebates of \$18,057, which were offset against administrative expenses of \$81,858 paid to parties-in-interest. The net administrative expenses are included in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through September 16, 2025, the date the financials were available to be issued.

3. Excluded Investments

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

4. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, dividend and interest income, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF.

Self-directed brokerage accounts, included in investments at fair value in the accompanying statements of net assets available for benefits, totaling \$24,350 and \$21,134 as of December 31, 2024 and 2023, respectively, have not been certified. During 2024, appreciation in fair value of investments and dividend and interest income totaling \$3,216 and \$795, respectively, have also not been certified.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

5. Concentrations

The Plan has one investment representing greater than 20% of net assets available for benefits as of December 31, 2023.

6. Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access.
- Level 2 Inputs to the methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy for assets and liabilities is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

TIAA traditional annuity contracts (non-benefit responsive contracts): Valued at fair value which is equal to the accumulated cash contributions, interest credited, and transfers in less any withdrawals and transfers out.

Variable annuity accounts: Accounts invest primarily in equity securities, fixed-income instruments and short-term investments. Valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). The mutual funds held by the Plan are deemed to be actively traded.

Self-directed accounts: Investments in the self-directed brokerage accounts consist of mutual funds which are valued daily using quoted market prices in active markets.

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

	Level 1	Level 2	Level 3	Total
2024:				
TIAA traditional annuity contracts	\$ —	\$ —	\$3,982,160	\$ 3,982,160
Variable annuity accounts	—	2,952,136	—	2,952,136
Mutual funds	14,809,769	—	—	14,809,769
Self-directed accounts	24,350	—	—	24,350
Investments at fair value	<u>\$ 14,834,119</u>	<u>\$ 2,952,136</u>	<u>\$ 3,982,160</u>	<u>\$ 21,768,415</u>
2023:				
TIAA traditional annuity contracts	\$ —	\$ —	\$4,407,455	\$ 4,407,455
Variable annuity accounts	—	2,695,650	—	2,695,650
Mutual funds	11,693,124	—	—	11,693,124
Self-directed accounts	21,134	—	—	21,134
Investments at fair value	<u>\$11,714,258</u>	<u>\$2,695,650</u>	<u>\$4,407,455</u>	<u>\$18,817,363</u>

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2024 and 2023:

	TIAA Traditional Annuity Contracts
Balance, January 1, 2023	\$4,732,143
Investment income	213,462
Purchases	25,330
Sales	(826,546)
Transfers In	493,525
Transfers Out	(230,459)
Balance, December 31, 2023	4,407,455
Investment income	187,607
Purchases	39,802
Sales	(639,168)
Transfers In	164,844
Transfers Out	(178,380)
Balance, December 31, 2024	\$3,982,160

Investment income, noted above, is reported in dividend and interest income in the accompanying statement of changes in net assets available for benefits.

Qualitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2024 and 2023, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value 12/31/2024	Fair Value 12/31/2023	Valuation Technique	Unobservable Inputs	Range
TIAA traditional annuity contracts	\$3,982,160	\$4,407,455	Discounted cash flow	Risk-adjusted discount rate	3.15% - 6.75%

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

6. Fair Value Measurements (continued)

In estimating fair value of investments in level 3, Plan management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Plan management evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments and overall credit ratings.

7. TIAA Traditional Benefit Responsive Contracts

The Plan invests in fully benefit-responsive investment contracts with TIAA totaling \$4,020,002 and \$4,434,207 as of December 31, 2024 and 2023, respectively. TIAA maintains the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract provides a guaranteed minimum rate of interest between 1% and 3%.

The contracts meet the fully benefit-responsive investment criteria and therefore are reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include amendments to Plan documents (including complete or partial Plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the Employer or other Employer events that cause a significant withdrawal from the Plan, the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guideline, a breach of material obligation under the contract, a material misrepresentation or a material amendment to the agreement without consent of the issuer.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

8. Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are in accounts of TIAA and CREF; therefore, these transactions qualify as party-in-interest transactions. Net appreciation and dividend and interest income from investments held with parties-in-interest total \$412,680 and \$475,190 in 2024, respectively. Notes receivable from participants and participant contributions are also considered to be party-in-interest transactions. Employer contributions are considered to be both party-in-interest and related party transactions.

9. Plan Termination

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

10. Tax Status

The Plan adopted a volume submitter 403(b) plan sponsored by Pentegra Services, Inc. which had received an opinion letter dated March 31, 2017, from the IRS which stated the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt.

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

11. Risks and Uncertainties

The Plan invests in various investment securities which 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 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.

Heritage Hall 403(b) DC and TDA Plan
Notes to Financial Statements (continued)

12. Net Assets Available for Benefits

In November 2007, the Department of Labor issued amended regulations eliminating an exemption granted to 403(b) Plans from annual Form 5500 reporting, disclosure and audit requirements under Title I of ERISA. The removal of this exemption subjected the Plan to audit and expanded Form 5500 reporting requirements for the first time beginning with the Plan's year ended December 31, 2009. The Plan and the issuers/agents have not maintained sufficiently detailed accounting records relating to the Plan's annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, the completeness of the Plan's net assets available for benefits as of December 31, 2024 and 2023, and changes in net assets available for benefits for the year ended December 31, 2024, could not be verified.

13. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	2024	2023
Net assets available for benefits per financial statements	\$25,825,338	\$23,257,889
Net assets of certain accounts excluded from the financial statements as permitted by DOL Bulletin No. 2009-02 (see Note 12)	3,486,135	3,741,720
Net assets available for benefits per Form 5500	\$29,311,473	\$26,999,609

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of the Form 5500 for the year ended December 31, 2024:

Increase in net assets available for benefits per financial statements	\$ 2,567,449
Change in net assets related to certain accounts excluded from the financial statement as permitted by DOL Bulletin 2009-02 (see Note 12)	(255,585)
Net income per Form 5500	\$ 2,311,864

Heritage Hall 403(b) DC and TDA Plan
Employer Identification Number: 73-0783395; Plan Number: 001

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

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value:			
*TIAA	TIAA Traditional Non-Benefit Responsive	(1)	\$ 3,805,076
*TIAA	TIAA Traditional Non-Benefit Responsive 2	(1)	177,084
*CREF	CREF Stock R1	(1)	709,397
*CREF	CREF Money Market R1	(1)	35,124
*CREF	CREF Social Choice R1	(1)	51,242
*CREF	CREF Core Bond R1	(1)	67,720
*CREF	CREF Global Equities R1	(1)	276,119
*CREF	CREF Growth R1	(1)	694,938
*CREF	CREF Equity Index R1	(1)	294,109
*CREF	CREF Inflation-Linked Bond R1	(1)	62,401
*TIAA	TIAA Real Estate	(1)	161,573
*TIAA	TIAA Access Nuv Core Pl Bd T4	(1)	1,935
*TIAA	TIAA Access Nuv Core Bond T4	(1)	23,930
*TIAA	TIAA Access Nuv Equity Idx T4	(1)	18,936
*TIAA	TIAA Access Nuv Core Equity T4	(1)	5,460
*TIAA	TIAA Access Nuv Infl Lnk Bd T4	(1)	2,031
*TIAA	TIAA Access Nuv Intl Equity T4	(1)	21,585
*TIAA	TIAA Access Nuv LfCy Rt Inc T4	(1)	13,785
*TIAA	TIAA Access Nuv Lrg Cap Val T4	(1)	22,665
*TIAA	TIAA Access Nuv LifCyc 2015 T4	(1)	29,268
*TIAA	TIAA Access Nuv LifCyc 2025 T4	(1)	37,627
*TIAA	TIAA Access Nuv LifCyc 2030 T4	(1)	78,781
*TIAA	TIAA Access Nuv LifCyc 2035 T4	(1)	27,430
*TIAA	TIAA Access Nuv LifCyc 2040 T4	(1)	76,014
*TIAA	TIAA Access Nuv LifCyc 2045 T4	(1)	20,584
*TIAA	TIAA Access Nuv LifCyc 2050 T4	(1)	114,740
*TIAA	TIAA Access Nuv Mid Cap Grw T4	(1)	275
*TIAA	TIAA Access Nuv Mid Cap Val T4	(1)	18,030
*TIAA	TIAA Access Nuv Money Mkt T4	(1)	19,315
*TIAA	TIAA Access Nuv Rlestsecel T4	(1)	18,208
*TIAA	TIAA Access Nuv Sm Cp Bl Ix T4	(1)	979
*TIAA	TIAA Access Nuv Qt Sm Cp Eq T4	(1)	21,197
*TIAA	TIAA Access Nuv Lgcp Res Eq T4	(1)	17,555
*TIAA	TIAA Access Nuv LifCyc 2055 T4	(1)	7,610
*TIAA	TIAA Access Nuv LifCyc 2060 T4	(1)	1,573
*TIAA-CREF	Nuveen Internatl Eq Idx R6	(1)	4,172,258

Heritage Hall 403(b) DC and TDA Plan
Employer Identification Number: 73-0783395; Plan Number: 001

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

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value (continued):			
Blackrock	BlackRock US Total Bond Ix K	(1) \$	241,158
DFA	DFA LTIP Port Institutional	(1)	1,387,740
Schwab	Schwab S&P 500 Index Fund	(1)	273,623
State Street	State Street Aggrgte Bnd Idx K	(1)	581,354
State Street	State Street Sm Md Cp Eq Idx K	(1)	1,154,003
State Street	State Street Equity 500 Indx K	(1)	4,686,907
Vanguard	Vanguard Real Estate Idx Adm	(1)	157
Vanguard	Vanguard Federal Money Mkt Inv	(1)	2,298
Vanguard	Vanguard Small-Cap Idx Adm	(1)	443
Vanguard	Vanguard FTSE Social Index Adm	(1)	211,783
Vanguard	Vanguard Ttl Intl Bnd Idx Adm	(1)	983,169
Vanguard	Vanguard Growth Index Adm	(1)	266,259
Vanguard	Vanguard Value Index Adm	(1)	431
Vanguard	Vanguard Small-Cap Grw Idx Adm	(1)	50,762
Vanguard	Vanguard Small-Cap Val Idx Adm	(1)	241,788
Vanguard	Vanguard Ttl Intl Stk Idx Adm	(1)	139,739
Vanguard	Vanguard Emr Mkts Stk Idx Adm	(1)	95,935
Vanguard	Vanguard Short-Trm Bd Idx Adm	(1)	319,962
Macquarie	Self-directed brokerage accounts	(1)	24,350
Total investments at fair value			<u>21,768,415</u>
Investments at contract value:			
*TIAA	TIAA Traditional Benefit Responsive	(1)	287,460
*TIAA	TIAA Traditional Benefit Responsive 2	(1)	3,732,542
Total investments at contract value			<u>4,020,002</u>
*Participant notes receivable	Loan bearing interest at rates ranging from 8.75% - 9.50%, to be repaid through 2029	-	36,417
Total assets held for investment purposes at end of year			<u><u>\$ 25,824,834</u></u>

* Represents a party-in-interest to the Plan.

(1) Cost information has been omitted, since these investments are participant-directed.

Heritage Hall 403(b) DC and TDA Plan
Employer Identification Number: 73-0783395; Plan Number: 001

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

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value:			
*TIAA	TIAA Traditional Non-Benefit Responsive	(1)	\$ 3,805,076
*TIAA	TIAA Traditional Non-Benefit Responsive 2	(1)	177,084
*CREF	CREF Stock R1	(1)	709,397
*CREF	CREF Money Market R1	(1)	35,124
*CREF	CREF Social Choice R1	(1)	51,242
*CREF	CREF Core Bond R1	(1)	67,720
*CREF	CREF Global Equities R1	(1)	276,119
*CREF	CREF Growth R1	(1)	694,938
*CREF	CREF Equity Index R1	(1)	294,109
*CREF	CREF Inflation-Linked Bond R1	(1)	62,401
*TIAA	TIAA Real Estate	(1)	161,573
*TIAA	TIAA Access Nuv Core Pl Bd T4	(1)	1,935
*TIAA	TIAA Access Nuv Core Bond T4	(1)	23,930
*TIAA	TIAA Access Nuv Equity Idx T4	(1)	18,936
*TIAA	TIAA Access Nuv Core Equity T4	(1)	5,460
*TIAA	TIAA Access Nuv Infl Lnk Bd T4	(1)	2,031
*TIAA	TIAA Access Nuv Intl Equity T4	(1)	21,585
*TIAA	TIAA Access Nuv LfCy Rt Inc T4	(1)	13,785
*TIAA	TIAA Access Nuv Lrg Cap Val T4	(1)	22,665
*TIAA	TIAA Access Nuv LifCyc 2015 T4	(1)	29,268
*TIAA	TIAA Access Nuv LifCyc 2025 T4	(1)	37,627
*TIAA	TIAA Access Nuv LifCyc 2030 T4	(1)	78,781
*TIAA	TIAA Access Nuv LifCyc 2035 T4	(1)	27,430
*TIAA	TIAA Access Nuv LifCyc 2040 T4	(1)	76,014
*TIAA	TIAA Access Nuv LifCyc 2045 T4	(1)	20,584
*TIAA	TIAA Access Nuv LifCyc 2050 T4	(1)	114,740
*TIAA	TIAA Access Nuv Mid Cap Grw T4	(1)	275
*TIAA	TIAA Access Nuv Mid Cap Val T4	(1)	18,030
*TIAA	TIAA Access Nuv Money Mkt T4	(1)	19,315
*TIAA	TIAA Access Nuv Rlestsecel T4	(1)	18,208
*TIAA	TIAA Access Nuv Sm Cp Bl Ix T4	(1)	979
*TIAA	TIAA Access Nuv Qt Sm Cp Eq T4	(1)	21,197
*TIAA	TIAA Access Nuv Lgcp Res Eq T4	(1)	17,555
*TIAA	TIAA Access Nuv LifCyc 2055 T4	(1)	7,610
*TIAA	TIAA Access Nuv LifCyc 2060 T4	(1)	1,573
*TIAA-CREF	Nuveen Internatl Eq Idx R6	(1)	4,172,258

Heritage Hall 403(b) DC and TDA Plan
Employer Identification Number: 73-0783395; Plan Number: 001

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

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Investments at fair value (continued):			
Blackrock	BlackRock US Total Bond Ix K	(1) \$	241,158
DFA	DFA LTIP Port Institutional	(1)	1,387,740
Schwab	Schwab S&P 500 Index Fund	(1)	273,623
State Street	State Street Aggrgte Bnd Idx K	(1)	581,354
State Street	State Street Sm Md Cp Eq Idx K	(1)	1,154,003
State Street	State Street Equity 500 Indx K	(1)	4,686,907
Vanguard	Vanguard Real Estate Idx Adm	(1)	157
Vanguard	Vanguard Federal Money Mkt Inv	(1)	2,298
Vanguard	Vanguard Small-Cap Idx Adm	(1)	443
Vanguard	Vanguard FTSE Social Index Adm	(1)	211,783
Vanguard	Vanguard Ttl Intl Bnd Idx Adm	(1)	983,169
Vanguard	Vanguard Growth Index Adm	(1)	266,259
Vanguard	Vanguard Value Index Adm	(1)	431
Vanguard	Vanguard Small-Cap Grw Idx Adm	(1)	50,762
Vanguard	Vanguard Small-Cap Val Idx Adm	(1)	241,788
Vanguard	Vanguard Ttl Intl Stk Idx Adm	(1)	139,739
Vanguard	Vanguard Emr Mkts Stk Idx Adm	(1)	95,935
Vanguard	Vanguard Short-Trm Bd Idx Adm	(1)	319,962
Macquarie	Self-directed brokerage accounts	(1)	24,350
Total investments at fair value			<u>21,768,415</u>
Investments at contract value:			
*TIAA	TIAA Traditional Benefit Responsive	(1)	287,460
*TIAA	TIAA Traditional Benefit Responsive 2	(1)	3,732,542
Total investments at contract value			<u>4,020,002</u>
*Participant notes receivable	Loan bearing interest at rates ranging from 8.75% - 9.50%, to be repaid through 2029	-	36,417
Total assets held for investment purposes at end of year			<u><u>\$ 25,824,834</u></u>

* Represents a party-in-interest to the Plan.

(1) Cost information has been omitted, since these investments are participant-directed.