

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [X] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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: GERSH AND SARAH LEMBERG CHILDRENS CENTER 403B DC PLAN- 368536
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/17/1997
2a Plan sponsor's name (employer, if for a single-employer plan): GERSH AND SARAH LEMBERG CHILDRENS CENTER, INC. LEMBERG CHILDREN'S CENTER
2b Employer Identification Number (EIN): 04-2475405
2c Sponsor's telephone number
2d Business code (see instructions): 611000
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 18
5b Total number of participants at the end of the plan year: 16
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 18
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 16
5d(1) Total number of active participants at the beginning of the plan year: 10
5d(2) Total number of active participants at the end of the plan year: 10
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Row 1: Filed with authorized/valid electronic signature, 10/14/2025, HOWARD BAKER. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1567192	1918390
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1567192	1918390
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	45976	
(2) Participants	8a(2)	39419	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	336939	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		422334
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	71136	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		71136
i Net income (loss) (subtract line 8h from line 8c)	8i		351198
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		25000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



Edward J. Falkowski
Senior Managing Director
Institutional Retirement Plan Services
DL_ERISA_Reporting_Team@tiaa.org

01/06/2025

**Re : THE GERSH AND SARAH LEMBERG
THE GERSH AND SARAH LEMBERG CHILDREN S CENTER 403(B) DC PLAN
Plan # 368536**

Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF") hereby certify in accordance with 29 CFR 2520.103-5(d) that the reports (Schedule of Assets Held for Investment and Statement of Changes to Net Assets) furnished pursuant to 29 CFR 2520.103-5(c) for the Plan are complete and accurate for the plan year ended 12/31/2024.

TIAA and CREF are insurance carriers regulated, supervised and subject to periodic examinations. As such, TIAA and CREF certify the plan investments and related investment activity for the Plan's investments issued by TIAA and/or CREF, respectively.

Sincerely,

A handwritten signature in cursive script that reads "Edward J. Falkowski".

Edward J. Falkowski
Senior Managing Director
Institutional Retirement Plan Services



Participant Count

THE GERSH AND SARAH LEMBERG

Activity for the Reporting Period: 01/01/2024 to 12/31/2024

5	Total Number of participants at beginning of Plan Year	18
6a(1)	Active participants at the beginning of the plan year	10
6a(2)	Active participants at the end of the plan year	10
6b	Retired or separated participants receiving benefits	0
6c	Other retired or separated participants entitled to future benefits	6
6d	Subtotal (6a(2), 6b and 6c)	16
6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	0
6f	Total (6d and 6e)	16
6g(1)	Number of participants with accounts balances at beginning of Plan year	18
6g(2)	Number of participants with accounts balances at end of Plan year	16
6h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	0



Schedule of Assets Held for Investment

Total Plan Assets Under Management

THE GERSH AND SARAH LEMBERG

For the Period Ending 12/31/2024

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	UNINVESTED CASH	ENDING MARKET VALUE	ENDING COST VALUE
THE GERSH AND SARAH LEMBERG							
NBR	TIAA#	TIAA Traditional Non Benefit Responsive				\$141,866.34	\$98,469.84
X2	QCSTRX	CREF Stock R1	\$894.411400	344.8846	\$0.65	\$308,469.37	\$139,517.09
X3	QCMMRX	CREF Money Market R1	\$29.136800	1,221.3080	\$0.00	\$35,585.00	\$33,166.48
X4	QCSCRX	CREF Social Choice R1	\$360.266300	424.7972	\$1.76	\$153,041.87	\$132,410.18
X6	QCGLRX	CREF Global Equities R1	\$339.777400	307.7744	\$0.00	\$104,574.78	\$51,127.39
X7	QCGRRX	CREF Growth R1	\$514.792400	1,985.5794	\$0.32	\$1,022,161.51	\$231,814.48
X8	QCEQRX	CREF Equity Index R1	\$504.433800	114.0919	\$0.00	\$57,551.81	\$34,995.40
X9	QCILRX	CREF Inflation-Linked Bond R1	\$82.728100	357.0892	\$0.00	\$29,541.31	\$24,533.30
X1	QREARX	TIAA Real Estate	\$461.243100	140.9557	\$0.40	\$65,015.24	\$57,102.15
X5	QCBMRX	CREF Core Bond R1	\$131.342800	4.4352	\$0.00	\$582.53	\$510.96
Subtotal						\$1,918,389.76	\$803,647.27
THE GERSH AND SARAH LEMBERG TOTAL						\$1,918,389.76	\$803,647.27
PLAN TOTAL						\$1,918,389.76	\$803,647.27



5500 Reportable Transactions

THE GERSH AND SARAH LEMBERG

**Summary of 5% Reportable Transactions
Pursuant to Department of Labor Regulation (DOL) 2520.103-(6)(c)
For the Plan Year Ending: 12/31/2024**

Beginning Plan Balance (1): \$1,567,191.91
5% of Beginning Balance (applicable for IRS Form 5500, Schedule H filers): \$78,359.60

Schedule below is a record of all non-participant directed transactions pursuant to IRS Form 5500 instructions.

Transactions pursuant to DOL Sec. 2520-103-6(c)(1)(i) and 2520.103-6(d):
A transaction within the plan year, with respect to any plan asset, involving amount in excess of 5% for Schedule H filers of the current value of plan assets.

<u>Description of Asset/Transaction</u>	<u>Date</u>	<u>Purchase Price</u>	<u>Sales Price</u>	<u>Expense Incurred</u>	<u>Cost of Assets</u>	<u>Realized Gain (Loss)</u>	<u>% to Balance</u>
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NO NON-PARTICIPANT DIRECTED TRANSACTIONS

Department of Labor regulations require that reportable transactions be determined based on the value of the plan assets as of the beginning of the plan, (unless the Form 5500 is being filed for the initial plan year in which case the value of the plan assets as of the end of the plan year is used). Please note that if your plan converted to TIAA-CREF during the plan year, or TIAA-CREF did not recordkeep all of the plan assets as of the beginning of the plan year, TIAA-CREF is unable to determine the actual value of the plan assets as of the beginning of the plan year. Therefore, the beginning of the year value reflected on this report would not be correct. You should apply the value of the transactions identified on this report to the actual value of the assets as of the beginning of the plan year to determine whether or not they are reportable (i.e., exceed 5% of the actual value of the plan assets as of the beginning of the year).



FILING SUMMARY FOR SCHEDULE H

THE GERSH AND SARAH LEMBERG

Activity for the Reporting Period: 01/01/2024 to 12/31/2024

Part I: Asset and Liability Statement : Assets	
Opening Loan Fund Total (Enter Amount on Line 1c(8) Column (a))	\$0.00
Closing Loan Fund Total (Enter Amount on Line 1c(8) Column(b))	\$0.00
Opening Common/Collective Trust Total (Enter Amount on Line 1c(9) Column (a))	\$0.00
Closing Common/Collective Trust Total (Enter Amount on Line 1c(9) Column (b))	\$0.00
Opening Pooled Separate Account Total (Enter Amount on Line 1c(10) Column (a))	\$64,738.89
Closing Pooled Separate Account Total (Enter Amount on Line 1c(10) Column (b))	\$65,015.24
Opening Master Trust Investment Account Total (Enter Amount on Line 1c(11) Column (a))	\$0.00
Closing Master Trust Investment Account Total (Enter Amount on Line 1c(11) Column (b))	\$0.00
Opening 103-12 Investment Entity Total (Enter Amount on Line 1c(12) Column (a))	\$0.00
Closing 103-12 Investment Entity Total (Enter Amount on Line 1c(12) Column (b))	\$0.00
Opening Registered Investment Companies Total (Enter Amount on Line 1c(13) Column (a))	\$1,369,516.08
Closing Registered Investment Companies Total (Enter Amount on Line 1c(13) Column (b))	\$1,711,508.18
Opening Insurance Company General Account (Unallocated contracts) (Enter Amount on Line 1c(14) Column (a))	\$132,936.94
Closing Insurance Company General Account (Unallocated contracts) (Enter Amount on Line 1c(14) Column (b))	\$141,866.34
Opening Self Directed Accounts Total (Enter Amount on Line 1c(15) Column (a))	\$0.00
Closing Self Directed Accounts Total (Enter Amount on Line 1c(15) Column (b))	\$0.00
Part II: Income and Expense Statement: Income	
Plan Contributions – Employer (Enter Amount on Line 2a(1)(A))	\$45,975.98
Plan Contributions – Employee (Enter Amount on Line 2a(1)(B))	\$39,419.30
Plan Contributions – Others (Enter Amount on Line 2a(1)(C))	\$0.00
Participant Loan Fund earnings (Enter Amount on Line 2b(1)(E))	\$0.00
Interest: Other (Enter Amount on Line 2b(1)(F))	\$6,068.34
Plan Registered Investment Companies dividends (Enter Amount on Line 2b(2)(C))	\$0.00
Plan Common/Collective Trust earnings (Enter Amount on Line 2b(6))	\$0.00
Plan Pooled Separate Accounts earnings (Enter Amount on Line 2b(7))	(\$2,663.62)
Plan Master Trust Investment Account earnings (Enter Amount on Line 2b(8))	\$0.00
Plan 103-12 Investment Entity earnings (Enter Amount on Line 2b(9))	\$0.00
Plan Registered Investment Companies earnings (Enter Amount on Line 2b(10))	\$333,534.01
Other Income (Enter Amount on Line (2c))	\$0.00
Part II: Income and Expense Statement: Expenses	
Plan Expenses – Directly to participants or beneficiaries (Enter Amount on Line 2e(1))	(\$71,136.16)
Plan Expenses – To insurance carriers for the provision of benefits (Enter Amount on Line 2e(2))	\$0.00
Certain deemed distributions of participant loans (Enter Amount on Line 2g)	\$0.00
Administrative expenses - Contract administrator fees (Enter Amount on Line 2i(2))	\$0.00
Administrative expenses - Investment advisory and management fees (Enter Amount on line 2i(3))	\$0.00
Administrative expenses - Other (Enter Amount on Line 2i(4))	\$0.00
Transfers To the Plan (Enter Amount on Line 2l(1))	\$0.00
Transfers From the Plan (Enter Amount on Line 2l(2))	\$0.00