

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                        |                                          |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                 |                                          |            |
| <b>1a</b> Name of plan<br><u>THE WINSTON PREPARATORY SCHOOL 403(B) DC PLAN</u>                                                                                                                                                                                                                                                                                         | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>THE WINSTON PREPARATORY SCHOOL</u><br><br><u>126 WEST 17TH STREET</u><br><u>NEW YORK, NY 10011</u> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>01/01/1989</u>                                                                                                                                                                                                                                                                                                                  |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>13-3085860</u>                                                                                                                                                                                                                                                                                                    |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>646-638-2705</u>                                                                                                                                                                                                                                                                                                       |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>611000</u>                                                                                                                                                                                                                                                                                                            |                                          |            |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/14/2023 | DANIEL DEGNAN                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |  | <b>6a(1)</b> 273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b> 190                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b> 118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b> 309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |  | <b>6g</b> 299                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |  | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2L 2G 2F 2M 2T                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>THE WINSTON PREPARATORY SCHOOL 403(B) DC PLAN                            | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE WINSTON PREPARATORY SCHOOL   | D Employer Identification Number (EIN)<br>13-3085860 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>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         | 367085                                | 240                                                                         | 01/01/2022              | 12/31/2022 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                              |          |          |
|----------|----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 3141286  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 16917757 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                       | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                 | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

|          |                                               |           |         |
|----------|-----------------------------------------------|-----------|---------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 3058842 |
|----------|-----------------------------------------------|-----------|---------|

|          |                                                              |              |        |  |
|----------|--------------------------------------------------------------|--------------|--------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 23480  |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |        |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> | 122750 |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> | 11725  |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |        |  |

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 157955 |
|---------------------------|--------------|--------|

|          |                                                                              |           |         |
|----------|------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 3216797 |
|----------|------------------------------------------------------------------------------|-----------|---------|

**e Deductions:**

|                                                                                 |              |       |  |
|---------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 20398 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |       |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 55096 |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 17    |  |

▶ PLAN FEES

|                            |              |       |
|----------------------------|--------------|-------|
| (5) Total deductions ..... | <b>7e(5)</b> | 75511 |
|----------------------------|--------------|-------|

|          |                                                                                                |           |         |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 3141286 |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>THE WINSTON PREPARATORY SCHOOL 403(B) DC PLAN                            | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE WINSTON PREPARATORY SCHOOL   | D Employer Identification Number (EIN)<br>13-3085860 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TIAA                                                                                                       |
| 13-1624203                                                                                                 |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |

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

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

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

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

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

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

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

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

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

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

BEDERSON LLP

PO BOX 1369  
WEST CALDWELL, NJ 07007-1369

22-2978848

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 15733                                                                  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 11064                                                                  | 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)

BAKER TILLY US, LLP

PO BOX 7398  
MADISON, WI 53707

46-2648231

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 10439                                                                  | 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<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                        |                                         |     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                         |     |
| <b>A</b> Name of plan<br>THE WINSTON PREPARATORY SCHOOL 403(B) DC PLAN                                 | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>THE WINSTON PREPARATORY SCHOOL |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>13-3085860                                            |                                         |     |

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

|                                                                 |                        |                                                                                                             |
|-----------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA CREF     |                        |                                                                                                             |
| <b>c</b> EIN-PN 13-1624203-004                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1422812 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):               |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                 | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):               |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                 | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):               |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                 | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):               |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                 | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):               |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                 | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):               |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                 | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a):               |                        |                                                                                                             |
| <b>c</b> EIN-PN                                                 | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |

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

**Part II** **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b style="font-size: 1.2em;">SCHEDULE H</b><br><b style="font-size: 1.1em;">(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b style="font-size: 1.2em;">Financial Information</b><br><br><small>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).</small><br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b style="font-size: 1.2em;">2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |
| <b>A</b> Name of plan<br><span style="color: blue;">THE WINSTON PREPARATORY SCHOOL 403(B) DC PLAN</span>                                                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                                                            | <span style="color: blue; font-weight: bold;">001</span>                                                                           |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">THE WINSTON PREPARATORY SCHOOL</span>                                                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">13-3085860</span>                                                                                                                                                                                                                         |                                                                                                                                    |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 50%;"><b>Assets</b></div> <div style="width: 20%; text-align: center;"><b>(a)</b> Beginning of Year</div> <div style="width: 30%; text-align: center;"><b>(b)</b> End of Year</div> </div> |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                                                                                                                                                                                                                                                                                |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                                                                                                                                                                                                                                                                             |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                                                                                                                                                                                                                                                                             |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                                                                                                                                                                                                                                                                             |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                          |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                                                                                                                                                                                                                                                                             |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                                                                                                                                                                                                                                                                             |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                          |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                                                                                                                                                                                                                                                                          |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>                                                                                                                                                                                                                                                                          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                          |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                                                                                                                                                                                                                                                                          |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                                                                                                                                                                                                                                                                          |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                                                                                                                                                                                                                                                                             |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                                                                                                                                                                                                                                                                             |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                                                                                                                                                                                                                                                                             |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b> <span style="color: blue;">222250</span>                                                                                                                                                                                                                                    |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                                                                                                                                                                                                                                                                             |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b> <span style="color: blue;">1361004</span>                                                                                                                                                                                                                                  |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                                                                                                                                                                                                                                                                            |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                                                                                                                                                                                                                                                                            |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b> <span style="color: blue;">26648765</span>                                                                                                                                                                                                                                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b> <span style="color: blue;">3058842</span>                                                                                                                                                                                                                                  |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b> <span style="color: blue;">23141140</span>                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(15)</b> <span style="color: blue;">3141286</span>                                                                                                                                                                                                                                  |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 31290861              | 28014086        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 31290861 | 28014086 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1083766    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1312749    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 75006      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2471521   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 13724      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 122750     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 136474    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 188421     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 188421    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            | 112372    |
| (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) |            | -5263334  |
| c Other income .....                                                                            | 2c     |            | 35395     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -2319151  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 921212     |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 921212    |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 36226      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 186        |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 36412     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 957624    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -3276775  |
| 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: **BEDERSON LLP**

(2) EIN: **22-2978848**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>THE WINSTON PREPARATORY SCHOOL 403(B) DC PLAN                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE WINSTON PREPARATORY SCHOOL                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>13-3085860                                            |
| 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):<br><br>EIN(s): 82-2826183                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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

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**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

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**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/>           Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                 |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**THE WINSTON PREPARATORY SCHOOL**  
**403(b) DC PLAN**  
FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION  
DECEMBER 31, 2022 AND 2021  
(With Independent Auditors' Report)

# **THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**

DECEMBER 31, 2022 AND 2021

## **CONTENTS**

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of  
The Winston Preparatory School 403(b) DC Plan  
New York, New York

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

We have performed an audit of the financial statements of The Winston Preparatory School 403(b) DC 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, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of The Winston Preparatory School 403(b) DC Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our Audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

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

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Winston Preparatory School 403(b) DC Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our Audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Winston Preparatory School 403(b) DC Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Winston Preparatory School 403(b) DC Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.



- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Winston Preparatory School 403(b) DC Plan's ability to continue as a going concern for a reasonable period of time.

Our Audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Supplemental Schedules Required by ERISA**

The supplemental Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of and for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the Audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Bederson LLP*

Fairfield, New Jersey  
July 31, 2023



**THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2022 AND 2021**

|                                                | <u>2022</u>                 | <u>2021</u>                 |
|------------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS:</b>                                 |                             |                             |
| Investments, at fair value:                    |                             |                             |
| Pooled separate accounts                       | \$ 1,422,812                | \$ 1,361,004                |
| Registered investment companies (mutual funds) | 23,141,140                  | 26,648,765                  |
| Insurance general account                      | <u>3,141,286</u>            | <u>3,058,842</u>            |
| Total Investments                              | <u>27,705,238</u>           | <u>31,068,611</u>           |
| Receivables:                                   |                             |                             |
| Notes receivable from participants             | <u>308,848</u>              | <u>222,250</u>              |
| Total Receivables                              | <u>308,848</u>              | <u>222,250</u>              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>       | <u><u>\$ 28,014,086</u></u> | <u><u>\$ 31,290,861</u></u> |

The accompanying notes are an  
integral part of these financial statements.

**THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2022 AND 2021**

|                                                                                | <u>2022</u>                 | <u>2021</u>                 |
|--------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:</b>                                |                             |                             |
| Investment income (loss):                                                      |                             |                             |
| Net investment gain from pooled separate accounts                              | \$ 112,372                  | \$ 205,389                  |
| Net investment gain (loss) from registered investment companies (mutual funds) | (5,263,334)                 | 3,253,621                   |
| Interest income - insurance general account                                    | 122,750                     | 101,105                     |
| Dividend income - mutual funds                                                 | 188,421                     | 213,564                     |
| Other income                                                                   | <u>35,395</u>               | <u>36,126</u>               |
| Total investment income (loss)                                                 | <u>(4,804,396)</u>          | <u>3,809,805</u>            |
| Interest income - notes receivable from participants                           | <u>13,724</u>               | <u>5,587</u>                |
| Contributions:                                                                 |                             |                             |
| Participant contributions                                                      | 1,312,749                   | 1,260,855                   |
| Employer contributions                                                         | 1,083,766                   | 1,031,724                   |
| Rollover contributions                                                         | <u>75,006</u>               | <u>109,267</u>              |
| Total contributions                                                            | <u>2,471,521</u>            | <u>2,401,846</u>            |
| <b>TOTAL ADDITIONS (REDUCTIONS)</b>                                            | <b>(2,319,151)</b>          | <b>6,217,238</b>            |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:</b>                             |                             |                             |
| Benefits paid to participants                                                  | 921,212                     | 433,990                     |
| Administrative expenses and other                                              | <u>36,412</u>               | <u>33,159</u>               |
| <b>TOTAL DEDUCTIONS</b>                                                        | <u>957,624</u>              | <u>467,149</u>              |
| <b>NET INCREASE (DECREASE)</b>                                                 | <b>(3,276,775)</b>          | <b>5,750,089</b>            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - beginning of year</b>                   | <u>31,290,861</u>           | <u>25,540,772</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS - end of year</b>                         | <u><u>\$ 28,014,086</u></u> | <u><u>\$ 31,290,861</u></u> |

The accompanying notes are an  
integral part of these financial statements.

# **THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2022 AND 2021**

### **NOTE 1 - DESCRIPTION OF PLAN**

The following description of The Winston Preparatory School 403(b) DC Plan (the Plan) provides only general information and is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, which is responsible for their integrity and objectivity. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan is a combination of an elective and a non-elective contributory plan covering employees of the Winston Preparatory School (the Plan Administrator) that have met the Plan's eligibility requirements and are not considered a student enrolled and attending classes offered by the employer and the employer is a school, college or university. All eligible employees are eligible to make elective deferrals of compensation beginning on their date of hire. An employee is eligible to receive employer non-elective contributions to the Plan on the first day of the month after two consecutive years of service and who make a salary reduction contribution of at least three (3%) percent of the annual base salary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Contributions**

Employees may elect to make a contribution to the Plan by authorizing his or her compensation to be reduced by any specific dollar amount or a percentage of compensation. No employee is permitted to make a contribution in excess of the dollar limitation specified in the Internal Revenue Code at the beginning of the Plan year. Effective April 1, 2021, a participant may elect to make a Pre-tax deferral and/or a Roth deferral contribution to the plan. Employer matching contributions to the Plan are made on behalf of each participant who is eligible for such contribution. The Plan Administrator's contribution was seven (7%) percent of the participant's annual base salary, as defined, for the Plan years ended December 31, 2022 and 2021. Participants may roll over amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various registered investment companies (mutual funds) and an insurance general account as investment options for participants. The Plan formerly offered annuities and pooled separate accounts, therefore the plan still holds balances in these accounts.

#### **Participant Accounts**

Each participant's account is credited with the participant's contribution, Plan Administrator's contribution and the participant's investment earnings and losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Vesting**

The Plan has no vesting requirements. All participants become fully vested following enrollment.

# **THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2022 AND 2021**

### **NOTE 1 - DESCRIPTION OF PLAN (Continued)**

#### **Payment of Benefits**

A participant may request a payment of benefits if the employee a) is terminated, b) becomes disabled, c) reaches age 59 1/2 or d) is experiencing a financial hardship. Participants may elect to receive payout as a lump sum payment, partial payment, direct rollover, installment payments, annuity contracts (if assets are held in a custodial account), or converted to an income option (if your assets are invested in an annuity contract). Under the new retirement choice platform an automatic distribution is made, after employment termination of any balances under \$5,000, to individual IRAs.

In the event of a participant's death, any death benefit payable to a beneficiary will be distributed in a form of a life annuity if the balance is greater than \$5,000 unless the participant qualifies for a waiver. If the account balance is \$5,000 or less, the beneficiary has the same options regarding the form of distribution that is available to participants. If a participant dies after beginning age 70 1/2 distributions, the beneficiary must continue taking distributions from the Plan at least annually. If participant dies before beginning age 70 1/2 distributions, the beneficiary may have the option of (1) taking annual payments beginning the year following death (or the year the participant would have reached age 70 1/2, if the participant's spouse is the beneficiary), or (2) delaying their distribution until the year containing the fifth anniversary of the participant's death, provided they take the entire amount remaining during that fifth year.

#### **Plan Loans**

Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 90% of their CREF and TIAA Real Estate account balances subject to annuity contract and Plan provisions from TIAA-CREF. Loan terms range from one to five years in one year increments (up to ten years for the purchase of the participant's primary residence). The loans are secured by the participant's TIAA Traditional Annuity account balances in an amount equal to 110% of the outstanding loan balances. Loans bear interest at rates that may be fixed or variable depending upon the Plan, annuity contract provisions and state insurance regulations. Principal and interest is paid ratably by the participant to TIAA and each payment will reduce amounts secured by the participant's TIAA Traditional Annuity accounts. The interest rates on the plan loans as of December 31, 2022 range from 4.00% to 5.18%. The amount of such outstanding loans is \$39,961 and \$73,680 at December 31, 2022 and 2021, respectively.

In January of 2020 the Plan entered into an adoption agreement. Participants may borrow up to the lesser of \$50,000 or 50% of their account balance and up to a maximum of three (3) outstanding loans. Loans are to be repaid over a period not to exceed five (5) years except for where the loan is used to acquire a personal residence, in which case, the loan may be repaid over a reasonable period exceeding five (5) years. The loans are secured by the balance in the participants account and bear interest at a reasonable rate as determined by the Plan administrator, which range from 4.25% to 8.00%. The amount of such outstanding loans and presented as notes receivable from participants on the statements of net assets available for benefits as of December 31, 2022 and 2021 is \$308,848 and \$222,250, respectively.

#### **Plan Expenses**

The Plan permits the payment of Plan expenses to be made from the Plan assets. If the Plan Administrator does not pay these expenses, then the expenses paid using the Plan assets will generally be allocated among the accounts of all participants in the Plan.

# **THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2022 AND 2021**

### **NOTE 2 - SUMMARY OF ACCOUNTING POLICIES**

#### **Basis of Accounting**

The financial statements of the Plan are prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ significantly from those estimates.

#### **Notes Receivable From Participants**

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2022, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

#### **Investment Valuation and Income Recognition**

Investments, including mutual funds, are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment in fixed annuity contracts, not considered a fully benefit responsive contract is stated at contract value, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Plan's investments in pooled separate accounts are stated at unit value, which also approximates fair value. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

#### **Payments of Benefits**

Benefits payments are recorded when paid.

#### **Tax Status**

The Plan is subject to the Employee Retirement Income Security Act of 1974 and certain provisions of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

#### **Reclassifications**

Certain reclassifications have been made to the 2021 financial statements to conform to the 2022 presentation. Such reclassifications had no effect on the previously reported 2021 increase in net assets available for benefits.

#### **Subsequent Events**

The Plan has evaluated subsequent events through July 31, 2023, which is the date the financial statements were available to be issued.

# THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

### NOTE 3 - FAIR VALUE MEASUREMENT OF INVESTMENTS

The Plan implemented generally accepted accounting principles' fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

**Level 2 -** Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset 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 asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022.

**Mutual Funds:** Level 1 investments valued using market quotation or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing.

**Pooled Separate Accounts:** Level 1 investment value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. Unit values are calculated each day and are posted on the TIAA-CREF Website.

# THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

### NOTE 3 - FAIR VALUE MEASUREMENT OF INVESTMENTS (Continued)

**Insurance General Account:** Level 3 investment is reported at contract value. The contract value of the TIAA Traditional Annuity and Plan Loan Default Fund is equivalent to the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. The TIAA Traditional Annuity and Plan Loan Default Fund is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable. While transactions involving the purchases/sales of individual TIAA Traditional and Plan Loan Default Fund contracts are not observable in a public marketplace, contract value approximates fair value.

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

The Plan's investments consist of the following at December 31, 2022:

| <u>Description</u>         | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u>     | <u>Total</u>        |
|----------------------------|---------------------|----------------|--------------------|---------------------|
| Registered investments     | \$23,141,140        | \$ -           | \$ -               | \$23,141,140        |
| Pooled separate accounts   | 1,422,812           | -              | -                  | 1,422,812           |
| Insurance general account  | -                   | -              | 3,141,286          | 3,141,286           |
| Total assets at fair value | <u>\$24,563,952</u> | <u>\$ -</u>    | <u>\$3,141,286</u> | <u>\$27,705,238</u> |

Assets measured at fair value on a recurring basis using significant unobservable inputs at December 31, 2022:

| <u>Description</u>                            | <u>Level 3</u>     |
|-----------------------------------------------|--------------------|
| Beginning balance                             | \$3,058,842        |
| Transferred from separate account             | 11,725             |
| Transferred to separate account               | (55,096)           |
| Interest income - earnings                    | 122,733            |
| Purchases, sales, issuances, and settlements: |                    |
| Purchases - contributions                     | 23,480             |
| Sales - disbursements                         | <u>(20,398)</u>    |
| Ending balance                                | <u>\$3,141,286</u> |

The Plan's investments consist of the following at December 31, 2021:

| <u>Description</u>         | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u>     | <u>Total</u>        |
|----------------------------|---------------------|----------------|--------------------|---------------------|
| Registered investments     | \$26,648,765        | \$ -           | \$ -               | \$26,648,765        |
| Pooled separate accounts   | 1,361,004           | -              | -                  | 1,361,004           |
| Insurance general account  | -                   | -              | 3,058,842          | 3,058,842           |
| Total assets at fair value | <u>\$28,009,769</u> | <u>\$ -</u>    | <u>\$3,058,842</u> | <u>\$31,068,611</u> |

**THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 3 - FAIR VALUE MEASUREMENT OF INVESTMENTS (Continued)**

Assets measured at fair value on a recurring basis using significant unobservable inputs at December 31, 2021:

| <u>Description</u>                            | <u>Level 3</u>     |
|-----------------------------------------------|--------------------|
| Beginning balance                             | \$2,850,633        |
| Transferred from separate account             | 283,834            |
| Transferred to separate account               | (174,803)          |
| Interest income - earnings                    | 102,887            |
| Purchases, sales, issuances, and settlements: |                    |
| Purchases - contributions                     | 14,378             |
| Sales - disbursements                         | <u>(18,087)</u>    |
| Ending balance                                | <u>\$3,058,842</u> |

**Transfer Between Levels**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2022, there were no significant transfers in or out of levels 1, 2, or 3.

**Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements**

TIAA Traditional Annuity account balances are reported at contract value, which approximates fair value. Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period.

Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with TIAA Traditional Annuity's historical crediting rates.

The following table represents the significant unobservable inputs and ranges of values for those inputs used to measure the fair value of the Plan's level 3 investments:

# THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

### NOTE 3 - FAIR VALUE MEASUREMENT OF INVESTMENTS (Continued)

| Investment               | Valuation Technique               | Significant Unobservable Inputs      | Range                                                             |
|--------------------------|-----------------------------------|--------------------------------------|-------------------------------------------------------------------|
| TIAA Traditional Annuity | Discounted cash flow              | Risk-adjusted discount rate applied* | RA - 3.70% - 6.25%<br>SRA - 3.00% - 5.50%<br>GRA - 3.70% - 6.25%  |
|                          | Theoretical transfer (exit value) |                                      | GSRA - 3.00% - 5.50%<br>RC - 3.95% - 6.50%<br>RCP - 3.20% - 5.75% |

\* Unobservable inputs include discount rate applied.

### NOTE 4 - CERTIFICATION BY TRUSTEE

We have been informed by the Plan Administrator that TIAA-CREF held the Plan's investment assets and executed investment transactions for the years ended December 31, 2022 and 2021. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2022 and 2021, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

The following account balances and transactions were obtained from statements certified by TIAA-CREF:

|                                                                                | 2022         | 2021         |
|--------------------------------------------------------------------------------|--------------|--------------|
| Statement of net assets available for benefits:                                |              |              |
| Investments, at fair value                                                     | \$27,705,238 | \$31,068,611 |
| Notes receivable from participant accounts                                     | 308,848      | 222,250      |
| Statement of changes in net assets available for benefits:                     |              |              |
| Net investment gain from pooled separate accounts                              | 112,372      | 205,389      |
| Net investment gain (loss) from registered investment companies (mutual funds) | (5,263,334)  | 3,253,621    |
| Interest income - insurance general account                                    | 122,750      | 101,105      |
| Interest income - notes receivable from participants                           | 13,724       | 5,587        |
| Dividend income - mutual funds                                                 | 188,421      | 213,564      |
| Other income                                                                   | 35,395       | 36,126       |

### NOTE 5 - PLAN TERMINATION

The Plan Administrator has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the entire account balance will be distributed to the participants, including distribution of contract, if the participant is invested in an annuity contract.

# **THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2022 AND 2021**

### **NOTE 6 - RISKS AND UNCERTAINTIES**

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

Financial instruments that potentially subject the Plan to concentrations of credit risk consist of investments. The Plan maintains its investments with an investment manager. Exposure to credit risk is reduced by placing such investments in high quality financial institutions and by following an investment strategy which utilizes a wide range of diversified funds.

### **NOTE 7 - TRANSACTIONS WITH PARTIES-IN-INTEREST**

Certain Plan investments are managed by TIAA-CREF. TIAA-CREF is the custodian and trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

Participants may elect to request a loan (Plan Loan) from the third party administrator. This type of loan is issued directly from funds owned by TIAA-CREF and not directly from a participant's account. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. The collateral is held in the TIAA Traditional Annuity as either part of a Group Supplemental Retirement Unity-Annuity contract or as a separate Retirement Loan contract. The Plan entered into an adoption agreement in January 2020 changing the Plan's loan policy, see Note 1.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

## **SUPPLEMENTAL INFORMATION**

**THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**  
**SCHEDULE H, 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**EIN - 13-3085860 - PLAN #001**  
**DECEMBER 31, 2022**

| (a) | (b) Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost     | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------|----------------------|
| *   | Insurance General Account                                    | TIAA Traditional                                                                                                  | \$ 2,661,534 | \$ 3,141,286         |
| *   | Pooled Separate Account                                      | TIAA Real Estate                                                                                                  | 952,173      | 1,422,812            |
| *   | Registered Investment Company                                | CREF Stock                                                                                                        | 2,595,034    | 3,911,366            |
| *   | Registered Investment Company                                | CREF Money Market                                                                                                 | 827,351      | 850,282              |
| *   | Registered Investment Company                                | CREF Social Choice                                                                                                | 672,021      | 859,868              |
| *   | Registered Investment Company                                | CREF Global Equities                                                                                              | 1,242,546    | 1,792,831            |
| *   | Registered Investment Company                                | CREF Growth                                                                                                       | 1,362,433    | 2,313,316            |
| *   | Registered Investment Company                                | CREF Equity Index                                                                                                 | 1,507,867    | 2,260,452            |
| *   | Registered Investment Company                                | CREF Core Bond                                                                                                    | 875,449      | 887,651              |
| *   | Registered Investment Company                                | CREF Inflation-Linked Bond                                                                                        | 242,772      | 268,126              |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2015                                                                                        | 22,852       | 24,995               |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2020                                                                                        | 121,965      | 138,835              |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2025                                                                                        | 63,082       | 72,172               |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2030                                                                                        | 95,782       | 118,528              |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2035                                                                                        | 130,508      | 156,887              |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2040                                                                                        | 125,827      | 151,633              |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2045                                                                                        | 138,832      | 168,936              |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2050                                                                                        | 311,223      | 384,113              |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2055                                                                                        | 101,590      | 121,565              |
| *   | Registered Investment Company                                | TIAA Access Lifecycle 2060                                                                                        | 8,480        | 10,210               |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2010 Inst                                                                               | 88,116       | 76,657               |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2015 Inst                                                                               | 219,293      | 195,494              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2020 Inst                                                                               | 389,244      | 344,766              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2025 Inst                                                                               | 405,467      | 369,677              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2030 Inst                                                                               | 645,569      | 582,815              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2035 Inst                                                                               | 792,844      | 723,750              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2040 Inst                                                                               | 1,478,140    | 1,408,532            |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2045 Inst                                                                               | 574,601      | 517,630              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2050 Inst                                                                               | 999,632      | 926,069              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2055 Inst                                                                               | 526,716      | 481,449              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2060 Inst                                                                               | 115,881      | 105,696              |
| *   | Registered Investment Company                                | TIAA CREF Lifecycle Index 2065 Inst                                                                               | 2,498        | 2,374                |
| *   | Registered Investment Company                                | TIAA CREF Money Market Inst                                                                                       | 34,946       | 34,946               |
| *   | Registered Investment Company                                | TIAA Access Lifecycle Rtmt Inc                                                                                    | 11,205       | 12,644               |
| *   | Registered Investment Company                                | TIAA Access Core Bond Plus                                                                                        | 35,185       | 33,682               |
| *   | Registered Investment Company                                | TIAA Access Equity Index                                                                                          | 16,167       | 24,628               |
| *   | Registered Investment Company                                | TIAA Access Growth & Income                                                                                       | 66,902       | 95,951               |
| *   | Registered Investment Company                                | TIAA Access Intl Equity                                                                                           | 162,533      | 162,634              |
| *   | Registered Investment Company                                | TIAA Access Large-Cap Growth                                                                                      | 92,075       | 126,265              |
| *   | Registered Investment Company                                | TIAA Access Large-Cap Value                                                                                       | 89,277       | 105,404              |
| *   | Registered Investment Company                                | TIAA Access Mid-Cap Growth                                                                                        | 67,271       | 56,796               |
| *   | Registered Investment Company                                | TIAA Access Mid-Cap Value                                                                                         | 41,671       | 46,394               |
| *   | Registered Investment Company                                | TIAA Access Real Estate Secs                                                                                      | 154,660      | 154,233              |
| *   | Registered Investment Company                                | TIAA Access Small-Cap BI Index                                                                                    | 94,473       | 91,506               |
| *   | Registered Investment Company                                | TIAA Access Quant Sml Cp Eq                                                                                       | 63,396       | 63,150               |
| *   | Registered Investment Company                                | TIAA Access Social Ch Equity                                                                                      | 19,969       | 29,891               |
|     | Registered Investment Company                                | Baron Emerging Markets Fund                                                                                       | 42,786       | 32,747               |
|     | Registered Investment Company                                | BlackRock Strategic Inc Opp                                                                                       | 13,371       | 11,882               |
|     | Registered Investment Company                                | Cohen Steers Real Estate Secs                                                                                     | 134,091      | 123,205              |

See Independent Auditors' Report.

**THE WINSTON PREPARATORY SCHOOL 403(b) DC PLAN**  
**SCHEDULE H, 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**EIN - 13-3085860 - PLAN #001**  
**DECEMBER 31, 2022**

| (a) | (b) Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost             | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Registered Investment Company                                | Goldman Sachs SmCp Eq Ins Inst                                                                                    | 23,090               | 17,065               |
|     | Registered Investment Company                                | Guggenheim Total Ret Bd Instl                                                                                     | 176,642              | 145,510              |
|     | Registered Investment Company                                | Harbor Capital Appreciation                                                                                       | 230,748              | 159,825              |
|     | Registered Investment Company                                | iShares MSCI EAFE Intl Idx                                                                                        | 28,720               | 26,596               |
|     | Registered Investment Company                                | John Hancock Discip V Md Cp                                                                                       | 42,436               | 40,064               |
|     | Registered Investment Company                                | JPMorgan Equity Inc Fd Cla                                                                                        | 97,786               | 100,342              |
|     | Registered Investment Company                                | MFS Intl Diversification                                                                                          | 124,941              | 110,671              |
|     | Registered Investment Company                                | Vanguard Small Cap Idx Adm                                                                                        | 127,061              | 132,894              |
|     | Registered Investment Company                                | Vanguard Mid Cap Idx Adm                                                                                          | 75,660               | 77,643               |
|     | Registered Investment Company                                | Vanguard 500 Idx Adm                                                                                              | 812,463              | 866,009              |
|     | Registered Investment Company                                | Vanguard Intr-Trm Invt Gd Adm                                                                                     | 37,630               | 31,888               |
|     |                                                              |                                                                                                                   | 23,214,477           | 27,705,238           |
| *   | Participant Loans                                            | 4.25% to 8.00%                                                                                                    | -                    | 308,848              |
|     |                                                              |                                                                                                                   | <u>\$ 23,214,477</u> | <u>\$ 28,014,086</u> |

\* A party-in-interest as defined by ERISA

See Independent Auditors' Report.

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Winston Preparatory School 403(b) DC Plan

Employer Identification Number: ► 13-3085860

For plan year (beginning/ending): ► 1/1/2022 to 12/31/2022

Plan number: ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Non Benefit Responsive                                                                    |          | \$ 3,053,601.65   |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Non Benefit Responsive 2                                                                  |          | \$ 61,933.37      |
| *   | College Retirement Equities Fund variable annuities       | Plan Loan Default Fund                                                                                     |          | \$ 25,751.06      |
| *   | College Retirement Equities Fund variable annuities       | CREF Stock R1                                                                                              |          | \$ 3,911,365.86   |
| *   | College Retirement Equities Fund variable annuities       | CREF Money Market R1                                                                                       |          | \$ 850,281.53     |
| *   | College Retirement Equities Fund variable annuities       | CREF Social Choice R1                                                                                      |          | \$ 859,867.80     |
| *   | College Retirement Equities Fund variable annuities       | CREF Global Equities R1                                                                                    |          | \$ 1,792,830.80   |
| *   | College Retirement Equities Fund variable annuities       | CREF Growth R1                                                                                             |          | \$ 2,313,316.17   |
| *   | College Retirement Equities Fund variable annuities       | CREF Equity Index R1                                                                                       |          | \$ 2,260,452.20   |
| *   | College Retirement Equities Fund variable annuities       | CREF Inflation-Linked Bond R1                                                                              |          | \$ 268,125.50     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Real Estate                                                                                           |          | \$ 1,422,812.37   |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Core Bond Plus T4                                                                              |          | \$ 33,682.22      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Equity Index T4                                                                                |          | \$ 24,627.64      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Growth & Income T4                                                                             |          | \$ 95,951.17      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Intl Equity T4                                                                                 |          | \$ 162,634.46     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lfcyle Rmt Inc T4                                                                              |          | \$ 12,643.97      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lg-Cap Gr T4                                                                                   |          | \$ 126,264.65     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lg-Cap Val T4                                                                                  |          | \$ 105,404.28     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2015 T4                                                                              |          | \$ 24,995.29      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2020 T4                                                                              |          | \$ 138,834.56     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2025 T4                                                                              |          | \$ 72,172.39      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2030 T4                                                                              |          | \$ 118,528.29     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2035 T4                                                                              |          | \$ 156,887.27     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2040 T4                                                                              |          | \$ 151,632.79     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2045 T4                                                                              |          | \$ 168,935.53     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2050 T4                                                                              |          | \$ 384,113.49     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Mid-Cap Gr T4                                                                                  |          | \$ 56,795.96      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Mid-Cap Val T4                                                                                 |          | \$ 46,393.88      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Real Est Secs T4                                                                               |          | \$ 154,233.07     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Sm-Cap Bl Idx T4                                                                               |          | \$ 91,506.43      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Quant Sml Cp Eq T4                                                                             |          | \$ 63,149.90      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Social Ch Eq T4                                                                                |          | \$ 29,891.29      |
| *   | College Retirement Equities Fund variable annuities       | CREF Core Bond R1                                                                                          |          | \$ 887,651.15     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2010-Inst                                                                             |          | \$ 76,657.29      |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2015-Inst                                                                             |          | \$ 195,493.52     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2020-Inst                                                                             |          | \$ 344,766.32     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2025-Inst                                                                             |          | \$ 369,677.16     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2030-Inst                                                                             |          | \$ 582,814.94     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2035-Inst                                                                             |          | \$ 723,750.28     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2040-Inst                                                                             |          | \$ 1,408,532.02   |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2045-Inst                                                                             |          | \$ 517,630.27     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2050-Inst                                                                             |          | \$ 926,069.27     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2055-Inst                                                                             |          | \$ 481,448.73     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Money Market-Inst                                                                                |          | \$ 34,945.58      |
|     | College Retirement Equities Fund variable annuities       | Vanguard Small-Cap Idx Adm                                                                                 |          | \$ 132,893.84     |
|     | College Retirement Equities Fund variable annuities       | Vanguard Mid-Cap Idx Adm                                                                                   |          | \$ 77,642.66      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2060 T4                                                                              |          | \$ 10,209.92      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2055 T4                                                                              |          | \$ 121,564.97     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2060-Inst                                                                             |          | \$ 105,695.86     |
|     | College Retirement Equities Fund variable annuities       | Vanguard 500 Idx Adm                                                                                       |          | \$ 866,009.22     |
|     | College Retirement Equities Fund variable annuities       | Harbor Capital Appreciation Rt                                                                             |          | \$ 159,825.13     |
|     | College Retirement Equities Fund variable annuities       | JPMorgan Equity Inc Fd Cla R6                                                                              |          | \$ 100,342.27     |
|     | College Retirement Equities Fund variable annuities       | Baron Emerging Markets Fund R6                                                                             |          | \$ 32,746.91      |
|     | College Retirement Equities Fund variable annuities       | MFS Intl Diversification Cl R6                                                                             |          | \$ 110,670.65     |
|     | College Retirement Equities Fund variable annuities       | iShares MSCI EAFE Intl Idx K                                                                               |          | \$ 26,595.91      |
|     | College Retirement Equities Fund variable annuities       | John Hancock Discip V Md Cp R6                                                                             |          | \$ 40,063.72      |
|     | College Retirement Equities Fund variable annuities       | Goldman Sachs SmCp Eq Ins Inst                                                                             |          | \$ 17,065.49      |
|     | College Retirement Equities Fund variable annuities       | CohenSteers Real Estate Secs I                                                                             |          | \$ 123,205.26     |
|     | College Retirement Equities Fund variable annuities       | BlackRock Strategic Inc Opp K                                                                              |          | \$ 11,881.63      |
|     | College Retirement Equities Fund variable annuities       | Vanguard Intr-Trm Invst Gd Adm                                                                             |          | \$ 31,888.05      |
|     | College Retirement Equities Fund variable annuities       | Guggenheim Total Ret Bd Instl                                                                              |          | \$ 145,509.63     |
| *   | College Retirement Equities Fund variable annuities       | TIAA-CREF Lfcyle Idx 2065-Inst                                                                             |          | \$ 2,374.06       |
|     | College Retirement Equities Fund variable annuities       | Participant Loan Fund                                                                                      |          | \$ 308,848.48     |
|     |                                                           |                                                                                                            |          |                   |
|     | Grand Total                                               |                                                                                                            |          | \$ 28,014,086     |