

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report...
C If the plan is a collectively-bargained plan, check here... []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension...
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 07/01/1958
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRINITY EPISCOPAL SCHOOL CORPORATION 139 W 91ST ST NEW YORK, NY 10024-1326
2b Employer Identification Number (EIN) 13-5563003
2c Plan Sponsor's telephone number 212-873-1650
2d Business code (see instructions) 611000

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

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

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

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

Form 5500 (2023) v. 230707

| | | |
|--|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 171 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 7 |
| | 6a(2) | 7 |
| | 6b | 102 |
| | 6c | 30 |
| | 6d | 139 |
| | 6e | 26 |
| | 6f | 165 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

| | | |
|--|--|--|
| A Name of plan TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN | | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRINITY EPISCOPAL SCHOOL CORPORATION | | D Employer Identification Number (EIN) 13-5563003 |

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
TEACHERS INSURANCE AND ANNUITY ASSOCIATION

| (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 | U-R840 | 165 | 09/01/2023 | 08/31/2024 |

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

| | |
|---|--|
| (a) Total amount of commissions paid 0 | (b) Total amount of fees paid 0 |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Part II | Investment and Annuity Contract Information | |
|----------------|--|---------------------|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 5216220 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 0 |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year..... | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 5485763 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 33237 |
| | (2) Dividends and credits | 7c(2) 0 |
| | (3) Interest credited during the year | 7c(3) 230892 |
| | (4) Transferred from separate account..... | 7c(4) 0 |
| | (5) Other (specify below) | 7c(5) 0 |
| | ▶ | |
| | (6) Total additions | 7c(6) 264129 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 5749892 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 533672 |
| | (2) Administration charge made by carrier | 7e(2) 0 |
| | (3) Transferred to separate account..... | 7e(3) 0 |
| | (4) Other (specify below) | 7e(4) 0 |
| ▶ | | |
| | (5) Total deductions | 7e(5) 533672 |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f 5216220 |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRINITY EPISCOPAL SCHOOL CORPORATION</u> | D Employer Identification Number (EIN) <u>13-5563003</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|---|--|---------------------------|--------------------------|
| 1 Enter the valuation date: | Month <u>09</u> Day <u>01</u> Year <u>2023</u> | | |
| 2 Assets: | | | |
| a Market value | 2a | | <u>5485763</u> |
| b Actuarial value | 2b | | <u>5485763</u> |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | <u>124</u> | <u>4551347</u> | <u>4551347</u> |
| b For terminated vested participants | <u>40</u> | <u>1255061</u> | <u>1255061</u> |
| c For active participants | <u>7</u> | <u>127446</u> | <u>127446</u> |
| d Total | <u>171</u> | <u>5933854</u> | <u>5933854</u> |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | | <u>5.04 %</u> |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | | <u>0</u> |
| b Expected plan-related expenses | 6b | | <u>0</u> |
| c Target normal cost | 6c | | <u>0</u> |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | | |
|------------------|---|---------------------|--|
| SIGN HERE | | | |
| | Signature of actuary | <u>05/20/2025</u> | Date |
| | <u>PATRICK ARNETT</u> | <u>23-08535</u> | Most recent enrollment number |
| | <u>TIAA-CREF</u> | <u>952-830-3144</u> | Telephone number (including area code) |
| | <u>8000 NORMAN CENTER DRIVE SUITE 650 BLOOMINGTON, MN 55437</u> | | |
| | Address of the firm | | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 24467 | 162873 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 24467 | 162873 |
| 10 | Interest on line 9 using prior year's actual return of <u>4.40</u> % | 1077 | 7166 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 21680 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> % | | 1130 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 22810 |
| d | Portion of (c) to be added to prefunding balance | | 22810 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 25544 | 192849 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 88.76 % |
| 15 | Adjusted funding target attainment percentage | 15 | 88.76 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 92.52 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|--|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| 12/12/2023 | 11079 | | | | | | |
| 03/05/2024 | 11079 | | | | | | |
| 06/05/2024 | 11079 | | | | | | |
| | | | Totals ▶ | 18(b) | 33237 | 18(c) | |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|-------|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 32405 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| 0 | 0 | 0 | 0 |

| | | | |
|--|------------------------|------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 5.00 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | 21b 0 |
| 22 Weighted average retirement age | | | 22 65 |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

| | | | |
|---|--|--|---|
| Part VI Miscellaneous Items | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 26 Demographic and benefit information | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | 27 |

| | | | |
|---|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | |
| 28 Unpaid minimum required contributions for all prior years | | | 28 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | 29 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | | | 30 0 |

| | | | |
|--|---------------------|--------------------|-----------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | | | 31a 0 |
| b Excess assets, if applicable, but not greater than line 31a | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 666484 | 63087 | |
| b Waiver amortization installment | | | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | 34 63087 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 25544 | 5138 | 30682 |
| 36 Additional cash requirement (line 34 minus line 35)..... | | | 36 32405 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | | 37 32405 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 38a 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | 40 |

| | | | |
|---|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | |

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

| | | |
|--|--|------------|
| A Name of plan TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRINITY EPISCOPAL SCHOOL CORPORATION | D Employer Identification Number (EIN) 13-5563003 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

| |
|---|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TIAA 730 THIRD AVENUE NEW YORK, NY 10017 13-1624203 |

| |
|---|
| (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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2023 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024 | |
| A Name of plan TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRINITY EPISCOPAL SCHOOL CORPORATION | D Employer Identification Number (EIN) 13-5563003 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 5485763 | 5216220 |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|-------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 5485763 | 5216220 |
| Liabilities | | | |
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 5485763 | 5216220 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 33237 | |
| (B) Participants | 2a(1)(B) | | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | 2a(3) | | 33237 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | 230892 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 230892 |
| (2) Dividends: | | | |
| (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) | 2b(2)(D) | | 0 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts..... | 2b(7) | | |
| (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) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 264129 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 533672 | |
| (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) | | 533672 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 0 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 533672 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -269543 |
| 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: **EISNER AMPER, LLP**

(2) EIN: **87-1363769**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|---|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | | X | |
| e Was this plan covered by a fidelity bond?..... | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?..... | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)..... | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 147386.

**TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN**

FINANCIAL STATEMENTS

AUGUST 31, 2024 and 2023
(with supplemental information)

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

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| Statements of changes in net assets available for benefits for the years ended August 31, 2024 and 2023 | 6 |
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INDEPENDENT AUDITORS' REPORT

The Board of Trustees of
Trinity Episcopal School Corporation
as Plan Administrator for the
Trinity Episcopal School Corporation
Defined Benefit Pension Plan and
Plan Participants

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

We have performed audits of the financial statements of the Trinity Episcopal School Corporation Defined Benefit Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for each of the years then ended, and the statement of accumulated benefits as of August 31, 2023, and the related statement of changes in accumulated benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of August 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



In our opinion:

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

EisnerAmper LLP

EISNERAMPER LLP
New York, New York
June 10, 2025



TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Statements of Net Assets Available for Benefits

| | August 31, | |
|--|---------------------|---------------------|
| | 2024 | 2023 |
| ASSETS | | |
| Investments, at fair value | <u>\$ 5,216,220</u> | <u>\$ 5,485,763</u> |
| Net assets available for benefits | <u>\$ 5,216,220</u> | <u>\$ 5,485,763</u> |

See accompanying notes to financial statements.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

| | Year Ended August 31, | |
|--|----------------------------|----------------------------|
| | <u>2024</u> | <u>2023</u> |
| Additions: | | |
| Interest | \$ 230,892 | \$ 241,598 |
| Employer contributions | <u>33,237</u> | <u>66,967</u> |
| Total additions | <u>264,129</u> | <u>308,565</u> |
| Deductions: | | |
| Benefits paid to participants | <u>(533,672)</u> | <u>(618,167)</u> |
| Decrease in net assets available for benefits | (269,543) | (309,602) |
| Net assets available for benefits - beginning of year | <u>5,485,763</u> | <u>5,795,365</u> |
| Net assets available for benefits - end of year | <u>\$ 5,216,220</u> | <u>\$ 5,485,763</u> |

See accompanying notes to financial statements.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

**Statement of Accumulated Benefits
August 31, 2023**

Actuarial present value of accumulated benefits:

Vested benefits:

Participants currently receiving payments

\$ 4,777,851

Other participants

1,474,140

Actuarial present value of accumulated benefits

\$ 6,251,991

See accompanying notes to financial statements.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

**Statement of Changes in Accumulated Benefits
Year Ended August 31, 2023**

| | |
|--|----------------------------|
| Actuarial present value of accumulated benefits - beginning of year | <u>\$ 6,504,156</u> |
| Changes during the year attributable to: | |
| Accrual of interest | 277,619 |
| Benefits paid | (618,167) |
| Changes in actuarial assumptions | - |
| Other | <u>88,383</u> |
| | <u>(252,165)</u> |
| Actuarial present value of accumulated benefits - end of year | <u>\$ 6,251,991</u> |

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements August 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN

The accompanying financial statements and supplemental schedule are those of the Trinity Episcopal School Corporation Defined Benefit Pension Plan (the "Plan"), a frozen defined-benefit plan, and users of those statements and supplemental schedule are directed to the independent auditors' report on pages 1 - 4. Likewise, the brief description of the Plan contained herein is provided solely for purposes of general information, and interested persons should refer to the Plan agreement for a more complete description of the Plan's provisions. A copy of the Plan agreement can be obtained from the Trinity Episcopal School Corporation (the "School"), which is the administrator of the Plan. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan's operations are overseen by the School's Board of Trustees (the "Trustees"). The Trustees have overall responsibility for the activities of the Plan. The Trustees determine the appropriateness of the Plan's investment offerings and monitor investment performance.

The trustee and recordkeeper of the Plan is Teachers Insurance and Annuity Association ("TIAA") and College Retirement Equities Fund ("CREF"), and the actuary is TIAA.

[1] Effective date:

The Plan became effective on July 1, 1958, in order to remain in compliance with applicable laws. The Plan is managed under the direction of the Trustees of the School.

[2] Status of the Plan:

The Plan originally provided that all employees of the School, except chaplains, could become participants in the Plan upon the completion of one year of service (as defined by the Plan), provided they were at least 21 years old. Effective September 1, 1992, the Plan was frozen, and no additional employees can become eligible to join the Plan. Effective December 31, 1992, all participants became fully vested in their accrued benefits, with a cessation of all future increases in accrued benefits. Effective January 1, 1998, the Plan was amended to increase the value of lump-sum distributions that may be paid without participant consent.

[3] Retirement benefits:

The normal retirement date of entitlement to the Plan's benefits is the participant's 65th birthday, although a participant may elect an early retirement date or defer retirement to a later date. Benefits are based upon stay and length of service as are permanently set, effective December 31, 1992.

- 1) Normal retirement - The monthly retirement benefit payable on the normal retirement date is equal to the sum of (a) plus (b), where:
 - a) represents benefits accrued under the Plan in effect prior to September 1, 1976 for credited service prior to that date, and
 - b) represents benefits accrued for credited service after August 31, 1976. For each such year of credited service, the monthly accrued benefit is equal to the sum of (1) plus (2), where:
 - (1) is 1.5% of monthly compensation up to \$350, and
 - (2) is 2.0% of monthly compensation in excess of \$350.

Effective December 31, 1992, all benefit accruals have ceased.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements August 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[3] Retirement benefits: (continued)

- 2) Payment of retirement benefits - The normal form of pension is a monthly benefit payable for the lifetime of the participant. Optional forms of payment are available on an actuarially reduced basis. Upon retirement or termination, and written consent, a lump-sum benefit may be paid to any participant, regardless of the participant's joint and survivor annuity balance.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of presentation:

The accompanying financial statements were prepared using the accrual basis of accounting.

[2] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires the Plan administrator to make estimates and assumptions that affect (i) the reported amounts of net assets available for benefits at the date of the financial statements, (ii) the changes in net assets available for benefits during the reporting period, (iii) when applicable, the disclosure of contingent assets and liabilities, and (iv) the actuarial present value of accumulated benefits at the date of the financial statements. Actual results could differ from these estimates.

[3] Valuation of investment and income recognition:

The Plan reports a fair-value measurement of its investments, in accordance with the provisions of the Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*.

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies utilizing information provided by its investment advisors. See Note F for discussion of fair value measurements.

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

[4] Actuarial present value of accumulated benefits:

Accumulated benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered through the valuation date. Accumulated benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits under the Plan were accumulated based on employees' compensation during each year of credited service through the date the Plan was frozen. Benefits under all circumstances are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements
August 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[4] Actuarial present value of accumulated benefits: (continued)

The actuarial present value of accumulated benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions that adjust such accumulated benefits to reflect (i) the time value of money (through discounts for interest) and (ii) the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations as of September 1, 2023 were as follows:

| | |
|---------------------------------|---|
| Interest rate (main valuation): | 4.50% compounded annually |
| Mortality basis: | PRI-2012 Mortality Table (white collar rates), adjusted to base year 2006, with generational mortality improvements under Scale MP-2021 |
| Expected retirement age: | Normal retirement age is 65 |
| Retirement benefit options: | 50% Single life annuity 20% Single life annuity with 15-year guarantee 30% Last survivor with full benefit to spouse |
| Expenses: | None |

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

The computation of the actuarial present value of accumulated benefits were made as of September 1, 2023. Had the valuations been performed as of August 31, 2023, there would be no material differences.

[5] Payment of benefits:

Benefits are recorded when paid to participants.

[6] Administrative expenses:

The Plan's expenses are paid directly by the School, and therefore, are not included in the Plan's financial statements.

[7] Subsequent events:

The Plan has evaluated subsequent events through June 10, 2025, the date at which the financial statements were available to be issued.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements August 31, 2024 and 2023

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TIAA and CREF have certified the completeness and accuracy of all investments and related investment activity in the accompanying statements of net assets available for benefits as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the accompanying supplemental schedule of assets (held at end of year) as of August 31, 2024.

NOTE D - FUNDING POLICY

The Plan's funding policy is for the School to contribute an amount that will meet or exceed the annual ERISA minimum-funding requirement. During the years ended August 31, 2024 and 2023, the School made contributions of \$33,237 and \$66,967, respectively, which exceeded the minimum funding requirements of ERISA.

NOTE E - PROVISIONS OF THE PENSION PROTECTION ACT

The Pension Protection Act of 2006, as amended (the "Act"), includes many provisions and numerous revisions to rules surrounding defined-benefit plans, including rules that govern plan funding. The Act establishes minimum funding standards for defined-benefit plans and limited benefit increases and accruals for underfunded plans. Pursuant to the Act, each year the actuaries are required to certify to the Plan's funded percentage. The Plan received such certification using the Adjusted Funding Target Attainment Percentage ("AFTAP"), which is one way of measuring the funded status of a Plan, using actuarial assumptions mandated by the Internal Revenue Service ("IRS"). The actuary determined that the AFTAP for the Plan was 88.76%.

NOTE F - INVESTMENTS AT FAIR VALUE

The FASB ASC *Topic 820* provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are defined 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: (i) quoted prices for similar assets or liabilities in active markets; (ii) quoted prices for identical or similar assets or liabilities in inactive markets; (iii) inputs other than quoted prices that are observable for the asset or liability; or (iv) 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.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements
August 31, 2024 and 2023

NOTE F - INVESTMENTS AT FAIR VALUE (CONTINUED)

Group annuity contracts are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations, considering the creditworthiness of the issuer. Furthermore, in determining the reasonableness of the methodology, a variety of factors are considered, including the review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms, while others are substantiated utilizing available market data.

The TIAA Group Annuity Contract (the "Contract") is a group annuity contract that invests in a broadly diversified portfolio of private placements and publicly traded bonds, as well as commercial mortgages and real estate. At August 31, 2024 and 2023, Plan investments at fair value were \$5,216,220 and \$5,485,763, respectively. The primary purpose of the Plan's investments is to generate a rate of return that will provide for the long-term funding of the obligations incurred under the Plan. TIAA and CREF maintain the contributions in the deposit account, which is credited with actual earnings on the underlying investments and is charged for Plan withdrawals. Interest credited under this contract during the years ended August 31, 2024 and 2023 was based on a guaranteed investment rate of approximately 3%. At August 31, 2024 and 2023, interest income was \$230,892 and \$241,598, respectively.

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

There has been no change in the methodology used for the years ended August 31, 2024 and 2023.

At August 31, 2024 and 2023, the Plan's investments were all classified as Level 3.

The Plan's Level 3 purchases for the years ended August 31, 2024 and 2023 were \$264,129 and \$308,565, respectively, and the Plan's Level 3 sales at August 31, 2024 and 2023 were \$533,672 and \$618,167, respectively.

Change in Fair Value 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 level to another.

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

The following tables present (i) the Plan's Level 3 financial instruments, (ii) the valuation techniques used to measure the fair value of those financial instruments, and (iii) the significant unobservable inputs and the ranges of values for those inputs at each year end:

| August 31, 2024 | | | | | |
|------------------------|--------------|-------------------------------|-------------------------------------|-----------------------------------|------------------|
| Instrument | Fair Value | Principal Valuation Technique | Unobservable Inputs | Range of Significant Input Values | Weighted Average |
| Group annuity contract | \$ 5,216,220 | Discounted cash flow | Risk-adjusted discount rate applied | 3.00% - 5.00% | 4.00% |

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements
August 31, 2024 and 2023

NOTE F - INVESTMENTS AT FAIR VALUE (CONTINUED)

| August 31, 2023 | | | | | |
|------------------------|--------------|-------------------------------|-------------------------------------|-----------------------------------|------------------|
| Instrument | Fair Value | Principal Valuation Technique | Unobservable Inputs | Range of Significant Input Values | Weighted Average |
| Group annuity contract | \$ 5,485,763 | Discounted cash flow | Risk-adjusted discount rate applied | 3.00% - 5.00% | 4.00% |

The following represent key redemption restrictions pertaining to Contract:

- a. TIAA will provide written notice at least 90 days prior to it terminating the Contract; and
- b. if the sum of participants' distributions requested upon termination exceed \$1,000,000 in a twelve-month period, TIAA has the right to delay such withdrawals in excess of the \$1,000,000 for a period of one year, to be paid in five equal, annual installments under the provisions of the Contract. The first such annual installment will be payable twelve months after the date TIAA received such a request. If the Plan were to initiate a redemption exceeding \$1,000,000 during a plan year, the distribution could be similarly delayed.

NOTE G - PLAN TERMINATION

The School reserves the right to terminate the Plan in whole or in part at any time. If the Plan were to be terminated, assets would be allocated in accordance with those provisions of the Plan which relate to termination, as well as with the provisions of ERISA and the level of benefits guaranteed by the Pension Benefit Guarantee Corporation ("PBGC") in the order indicated:

- a. benefits attributable to employee contributions, taking into account those paid out before termination;
- b. annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination;
- c. other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed subsequently);
- d. all other vested benefits (that is, vested benefits not insured by the PBGC); and
- e. all nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements
August 31, 2024 and 2023

NOTE G - PLAN TERMINATION (CONTINUED)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE H - TAX STATUS

The IRS has determined and informed the School by a letter dated July 6, 2009, stating that the Plan is qualified under the Internal Revenue Code (the "Code") and therefore is exempt from taxation. Accordingly, the Plan administrator believes that (i) the Plan is designed to be in compliance and is currently being operated in compliance, with the applicable requirements of the Code, and (ii) the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires the Plan's management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of August 31, 2024, there are no uncertain positions taken, or expected to be taken, that would require either recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE I - RISKS AND UNCERTAINTIES

The Plan's investments made available by TIAA and CREF are exposed to various risks, such as interest-rate, market and credit risks, liquidity, and market-perception risks, as well as risks related to the financial strength of the insurance company. Due to the level of risk associated with any investment, it is at least reasonably possible that changes in the values of the Plan's investments will occur in the near term, and that such changes could materially affect the amounts reported in the accompanying statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated benefits are determined, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Volatility in financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at August 31, 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE J - RELATED-PARTY TRANSACTIONS

The Plan's investments are managed by TIAA and CREF. Therefore, transactions related to these investments qualify as party-in-interest transactions. There were no fees paid by the Plan during the years ended August 31, 2024 and 2023.

SUPPLEMENTAL INFORMATION

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

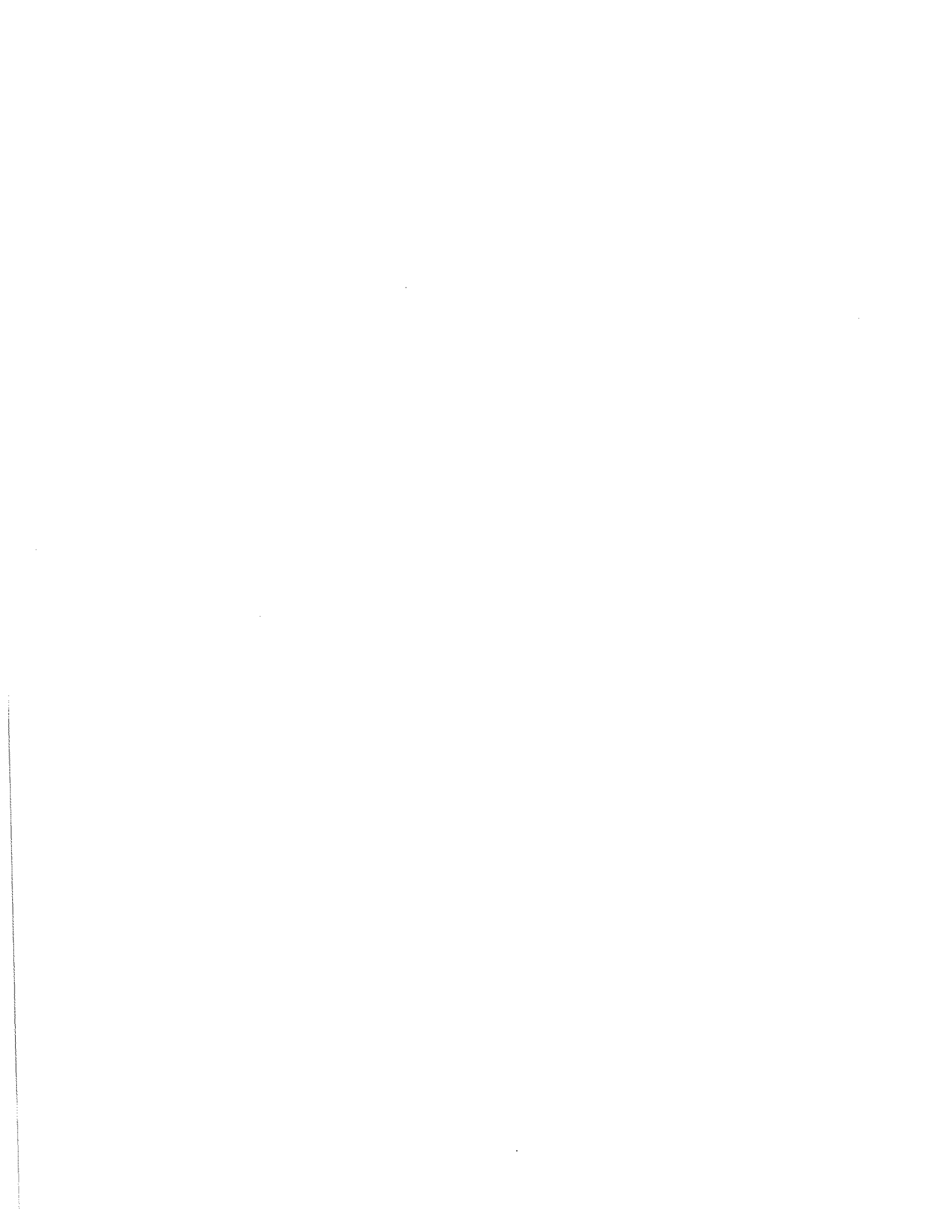
Employer Identification No. 13-5563003, Plan No. 001

Form 5500 - Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year)

August 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (e) Current Value |
|-----|---|---|-------------------------|
| * | TIAA and CREF | Group Annuity Contract with TIAA and CREF Contract #U-R840 | <u>\$ 5,216,220</u> |

* Party-in-interest



| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|--|---|-----|
| A Name of plan GROUP PENSION PLAN FOR TRINITY EPISCOPAL SCHOOL | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRINITY EPISCOPAL SCHOOL CORPORATION | D Employer Identification Number (EIN) 13-5563003 | |

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

| | | | | |
|----------|---|----------------------------|---------------------------|--------------------------|
| 1 | Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2023</u> | | | |
| 2 | Assets: | | | |
| | a Market value | 2a | | 5485763 |
| | b Actuarial value | 2b | | 5485763 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| | a For retired participants and beneficiaries receiving payment | 124 | 4551347 | 4551347 |
| | b For terminated vested participants | 40 | 1255061 | 1255061 |
| | c For active participants | 7 | 127446 | 127446 |
| | d Total | 171 | 5933854 | 5933854 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 | Effective interest rate | 5 | | 5.04 % |
| 6 | Target normal cost | | | |
| | a Present value of current plan year accruals | 6a | | 0 |
| | b Expected plan-related expenses | 6b | | 0 |
| | c Target normal cost | 6c | | 0 |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | | |
|------------------|---|--|--|
| SIGN HERE | Signature of actuary | 05/20/2025 Date | |
| | PATRICK ARNETT Type or print name of actuary | 23-08535 Most recent enrollment number | |
| | TIAA-CREF Firm name | 952-830-3144 Telephone number (including area code) | |
| | 8000 NORMAN CENTER DRIVE SUITE 650 BLOOMINGTON, MN 55437 Address of the firm | | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2023 v. 230728**

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 24467 | 162873 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 24467 | 162873 |
| 10 | Interest on line 9 using prior year's actual return of <u>4.40</u> % | 1077 | 7166 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 21680 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> % | | 1130 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 22810 |
| | d Portion of (c) to be added to prefunding balance | | 22810 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 25544 | 192849 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|--------|
| 14 | Funding target attainment percentage | 14 | 88.76% |
| 15 | Adjusted funding target attainment percentage | 15 | 88.76% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 92.52% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|--|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| 12/12/2023 | 11079 | | | | | | |
| 03/05/2024 | 11079 | | | | | | |
| 06/05/2024 | 11079 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Totals ▶ | 18(b) | 33237 | 18(c) | |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|-------|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 32405 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| 0 | 0 | 0 | 0 |

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

| | | | |
|-----------------------|-----------------------|-----------------------|---|
| 1st segment: 4.75% | 2nd segment: 5.00% | 3rd segment: 5.74% | <input type="checkbox"/> N/A, full yield curve used |
|-----------------------|-----------------------|-----------------------|---|

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 0

b Excess assets, if applicable, but not greater than line 31a **31b** 0

| | | |
|---|---------------------|-------------|
| 32 Amortization installments: | Outstanding Balance | Installment |
| a Net shortfall amortization installment | 666484 | 63087 |
| b Waiver amortization installment | | |

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 63087

| | | | |
|--|-------------------|--------------------|---------------|
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 25544 | 5138 | 30682 |

36 Additional cash requirement (line 34 minus line 35)..... **36** 32405

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 32405

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40**

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

ATTACHMENT TO 2023 SCHEDULE SB (FORM 5500)

GROUP PENSION PLAN FOR EMPLOYEES OF
TRINITY EPISCOPAL SCHOOL CORPORATION

Employer Identification Number: 13-5563003

Plan Number: 001

Schedule SB, Part V -- Summary of Plan Provisions

Eligibility:

All employees except chaplains are eligible to participate in the plan on the September 1 or March 1 coinciding with or next following the completion of 1 year of service and the attainment of age 21. No employees will join the plan after September 1, 1992.

Retirement Dates:

Normal: The first of September nearest the attainment of age 65.

Early: The first of any month (prior to the normal retirement date) following the attainment of age 55.

Late: The first of any month after the normal retirement date. However, benefits must begin no later than April 1 of the calendar year following the year in which the participant attains age 72.

Retirement Benefits:

Normal: The monthly retirement benefit payable on the normal retirement date is equal to the sum of (a) plus (b), where:

(a) represents benefits accrued under the plans in effect prior to September 1, 1976 for credited service prior to that date, and

(b) represents benefits accrued for credited service after August 31, 1976. For each such year of credited service, the monthly accrued benefit is equal to the sum of (1) plus (2), where:

(1) is 1.5% of monthly compensation up to \$350, and

(2) is 2.0% of monthly compensation in excess of \$350.

Effective December 31, 1992, all benefit accruals have ceased.

Schedule SB, Part V -- Summary of Plan Provisions (continued)

Retirement Benefits (continued):

Early: The monthly retirement benefit payable on an early retirement date is equal to the actuarial equivalent of the vested accrued normal retirement benefit.

Late: The monthly retirement benefit payable on a late retirement date is based on the formula for normal retirement benefits, reflecting earnings and service up to the actual retirement date. The benefit may be no less than the actuarial equivalent of the accrued benefit as of the normal retirement date.

Vesting:

The accrued benefit is fully vested after completion of five years of vesting service. Effective December 31, 1992, all active participants are fully vested in their accrued benefits.

Payment of Retirement Benefits:

For single participants, the normal form of pension is a monthly benefit payable for the lifetime of the participant. For a married participant, the normal form is an actuarially reduced monthly benefit payable under a joint and survivor option with one-half of the benefit payable to the spouse upon the death of the participant. Optional forms of payment are available on an actuarially reduced basis. Effective September 1, 2020, a lump sum benefit may be paid to any participant upon retirement or termination, regardless of the present value of the lump sum. Prior to September 1, 2020, a lump sum benefit were restricted to participants whose accrued benefit has a present value not in excess of \$5,000 (\$3,500 prior to January 1, 1998).

Actuarial Equivalence

Actuarial equivalence is determined on the basis of Mutual Life Insurance Company of New York (MONY) non-participating annuity purchase rates in effect on July 1, 2003.

Pre-Retirement Death Benefits:

If a married participant dies after attaining eligibility for early retirement, the surviving spouse will receive a monthly life annuity benefit equal to 50% of the monthly benefit that would have been paid to the deceased participant, had the participant retired on the day before death with an immediate joint and 50% survivor annuity.

Schedule SB, Part V -- Summary of Plan Provisions (continued)

Pre-Retirement Death Benefits: (continued)

If a married participant dies with a vested benefit prior to age 55, the spouse will be entitled to a life annuity, payable as though the participant:

- (a) separated from service on the date of death;
- (b) survived to age 55;
- (c) retired on that day with an immediate joint and 50% survivor annuity; and
- (d) died the following day.

Effective January 1, 1995, the death benefits described above are also available to a non-spouse beneficiary of a deceased participant.

If a participant terminates employment with a deferred vested benefit and then dies prior to attaining age 55, the participant's beneficiary will receive a lump sum payment equal to the excess, if any, of the actuarial equivalent value of the participant's vested accrued benefit over the value of any other death benefits otherwise payable under the plan.

ATTACHMENT TO 2023 SCHEDULE SB (FORM 5500)

GROUP PENSION PLAN FOR EMPLOYEES OF
TRINITY EPISCOPAL SCHOOL CORPORATION

Employer Identification Number: 13-5563003

Plan Number: 001

Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods

Valuation Date: September 1, 2023

Minimum Funding Interest Rates:

Segment rates for September 2023, as prescribed under Section 430(h)(2)(B) of the Internal Revenue Code:

| | |
|------------------------------------|-------|
| For benefits payable in 0-5 years: | 4.75% |
| 5-20 years: | 5.00% |
| ≥ 20 years: | 5.74% |

Equivalent effective interest under IRC Section 430(h)(2)(A): 5.04%

Mortality Table:

Pre-Retirement Mortality:

Static mortality table prescribed by the IRS, pursuant to Section 430(h)(3)(A) of the IRC. Developed from the Society of Actuaries' Retirement Plan Experience Committee (RPEC) RP-2014 base mortality table for non-annuitants with Scale MP-2021 mortality improvements.

Post-Retirement Mortality:

Static mortality table prescribed by the IRS, pursuant to Section 430(h)(3)(A) of the IRC. Developed from the Society of Actuaries' Retirement Plan Experience Committee (RPEC) RP-2014 base mortality table for annuitants with Scale MP-2021 mortality improvements.

Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods (continued)

| | |
|-----------------------------------|--|
| <u>Termination Rates:</u> | None |
| <u>Retirement Date:</u> | First of September nearest the attainment of age 65. |
| <u>Retirement Benefit Option:</u> | 50% Single Life Annuity 20% Single Life Annuity with 15 Year Guarantee 30% Last Survivor with Full Benefit to Spouse |
| <u>Spouse Assumptions:</u> | 100% of participants are assumed to be married Spouse assumed to be the same age as participant. |
| <u>Expenses:</u> | None |
| <u>Value of Assets:</u> | The Group Annuity funds are part of TIAA's general assets and are shown at book value. If the Group Annuity were to terminate, the policyholder would receive the current book value of the account less the expense charge imposed on withdrawals from the account. |

ATTACHMENT TO 2023 SCHEDULE SB (FORM 5500)

GROUP PENSION PLAN FOR EMPLOYEES OF
TRINITY EPISCOPAL SCHOOL CORPORATION

Employer Identification Number: 13-5563003

Plan Number: 001

Schedule SB, Line 26 -- Schedule of Active Participant Data

The table below shows the distribution of active participants by attained age as of September 1, 2023. (The table does not reflect years of credited service; as all benefits under the plan are frozen, current years of credited service are not applicable.)

| Attained Age | Number of Actives |
|---------------------|--------------------------|
| Under 25 | 0 |
| 25 to 29 | 0 |
| 30 to 34 | 0 |
| 35 to 39 | 0 |
| 40 to 44 | 0 |
| 45 to 49 | 0 |
| 50 to 54 | 1 |
| 55 to 59 | 0 |
| 60 to 64 | 5 |
| 65 to 69 | 1 |
| 70 & up | 0 |
| Total | 7 |

ATTACHMENT TO 2023 SCHEDULE SB (FORM 5500)

GROUP PENSION PLAN FOR EMPLOYEES OF
TRINITY EPISCOPAL SCHOOL CORPORATION

Employer Identification Number: 13-5563003

Plan Number: 001

Schedule SB, Line 32 – Schedule of Amortization Bases

Amortization Bases as of September 1, 2023

| <u>Type of Base</u> | <u>Present Value of Remaining Installments as of 9/1/2023</u> | <u>Date Established</u> | <u>Number of Years Remaining in Amort. Period</u> | <u>Amortization Installment</u> |
|-------------------------|---|-----------------------------|---|-------------------------------------|
| Shortfall | 461,508 | 9/1/2022 | 14 | 44,315 |
| Shortfall | <u>204,976</u> | 9/1/2023 | 15 | <u>18,772</u> |
| | 666,484 | | | 63,087 |

ATTACHMENT TO 2023 SCHEDULE SB (FORM 5500)

GROUP PENSION PLAN FOR EMPLOYEES OF
TRINITY EPISCOPAL SCHOOL CORPORATION

Employer Identification Number: 13-5563003

Plan Number: 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at his/her normal retirement age. As noted in the summary of plan provisions, the normal retirement date is the September 1 nearest to the participant's 65th birthday.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Employer Identification No. 13-5563003, Plan No. 001
 Form 5500 - Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year)
 August 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (e) Current Value |
|-----|---|---|-------------------------|
| * | TIAA and CREF | Group Annuity Contract with TIAA and CREF Contract #U-R840 | <u>\$ 5,216,220</u> |

* Party-in-interest