

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan TRINITY ENTERPRISE SERVICES CASH BALANCE PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2018
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 ENTERPRISE SERVICES, LLC
22366 EXE SQ SUITE 400 ASHBURN, VA 20148
2b Employer Identification Number (EIN) 47-2089689
2c Sponsor's telephone number 571-306-0333
2d Business code (see instructions) 518210
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 13
b Total number of participants at the end of the plan year 13
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 10
d(2) Total number of active participants at the end of the plan year 10
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 09/10/2025, DAVID BENSON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543846. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2745156	3272544
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2745156	3272544
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	205266	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	364677	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		569943
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19769	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	22786	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		42555
i Net income (loss) (subtract line 8h from line 8c)	8i		527388
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

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

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501280A.

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 ENTERPRISE SERVICES CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRINITY ENTERPRISE SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>47-2089689</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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>12</u>	Day <u>31</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>3067277</u>	
b Actuarial value	2b	<u>3067277</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>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>2</u>	<u>32681</u>	<u>32681</u>
c For active participants	<u>10</u>	<u>2630252</u>	<u>2630252</u>
d Total	<u>12</u>	<u>2662933</u>	<u>2662933</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>5.20 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>409885</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>409885</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>09/08/2025</u>
<u>KEVIN STRAUCH EA, MSEA</u>	Date
Type or print name of actuary	<u>23-08709</u>
<u>PINNACLE PLAN DESIGN, LLC</u>	Most recent enrollment number
Firm name	<u>520-618-1305</u>
<u>1985 E. RIVER RD., STE 111</u>	Telephone number (including area code)
<u>TUCSON, AZ 85718</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)	0	0
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)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.74</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		170448
	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>5.06</u> %		0
	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		170448
	d Portion of (c) to be added to prefunding balance		0
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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.18 %
15	Adjusted funding target attainment percentage	15	106.43 %
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	112.58 %
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		
03/11/2025	205266	0					
			Totals ▶	18(b)	205266	18(c)	0

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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	203234

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	<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 checked="" type="checkbox"/> Prescribed - combined <input 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 checked="" type="checkbox"/> Yes <input 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 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
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 409885
b Excess assets, if applicable, but not greater than line 31a			31b 404344
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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 5541
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 5541
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 203234
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 197693
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b
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 0

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			

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024
		This Form is Open to Public Inspection

Name of Plan	TRINITY ENTERPRISE SERVICES CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	47-2089689	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39			1	1		1
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	3	3	3			
45 to 49						
50 to 54	1	1	1			
55 to 59	1	1	1			
60 to 64	3	3	3			
65 to 69	1	1	1			
70 & Up						

Name of Plan	TRINITY ENTERPRISE SERVICES CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	47-2089689	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	TRINITY ENTERPRISE SERVICES CASH BALANCE PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	47-2089689	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024
A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer)
B This return/report is [] the first return/report [] the final return/report
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan TRINITY ENTERPRISE SERVICES CASH BALANCE PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/2018
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 ENTERPRISE SERVICES, LLC 22366 EXE SQ SUITE 400 ASHBURN VA 20148
2b Employer Identification Number (EIN) 47-2089689
2c Sponsor's telephone number 571-306-0333
2d Business code (see instructions) 518210
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 13
b Total number of participants at the end of the plan year 13
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 10
d(2) Total number of active participants at the end of the plan year 10
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE [Signature] 10 Sep 2025 DAVID BENSON
Signature of plan administrator Date Enter name of individual signing as plan administrator
SIGN HERE [Signature] Date Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543846. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets	7a 2,745,156	3,272,544
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 2,745,156	3,272,544
8		(a) Amount	(b) Total
8	Income, Expenses, and Transfers for this Plan Year		
a	Contributions received or receivable from:		
	(1) Employers	8a(1) 205,266	
	(2) Participants	8a(2)	
	(3) Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 364,677	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	569,943
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 19,769	
e	Certain deemed and/or corrective distributions (see instructions) .	8e	
f	Administrative service providers (salaries, fees, commissions)	8f 22,786	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	42,555
i	Net income (loss) (subtract line 8h from line 8c)	8i	527,388
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1C 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

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

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

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

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501280a.



September 8, 2025

Nick Perkins
Prime Benefits, Inc.
Delivered Electronically

Dear Nick,

Please find enclosed the signed Schedule SB for the Trinity Enterprise Services Cash Balance Plan for the plan year-ended December 31, 2024. In preparing the Schedule SB, I have relied on information provided by you as being accurate, including, but not limited to, the following information:

1. Past and current compensation;
2. Birth, hire and termination dates for employees;
3. Hours worked;
4. Dates of deposits for plan contributions; and
5. Plan assets.

The following items require your attention:

- Annual Funding Notice. Please complete the highlighted section and have the client provide a copy of this notice to participants at their earliest convenience, but no later than the date the Form 5500-SF is actually filed.
- Certification of Adjusted Funding Target Attainment Percentage (included in the Cash Balance plan valuation report and Schedule SB file). This certification is a requirement of the Pension Protection Act of 2006. Please provide this to the client no later than September 30, 2025 and have them retain this in their permanent plan records.
- Please find enclosed the 2025 PBGC Comprehensive Premium Filing for the Trinity Enterprise Services Cash Balance Plan. Please have the client complete item 20 (excluding "confirmation number") on the filing and return the executed form and a copy of the premium payment receipt (see next paragraph) to our office for electronic filing **as soon as administratively feasible but no later than September 5, 2025.**

Please be advised that there is a premium due for the plan year-ending December 31, 2025, in the amount of \$1272.00. Please have the client remit payment online via <http://www.pay.gov/>, **no later than September 5, 2025.** Pay.gov is a free and user-friendly Federal website.

Pinnacle Plan Design, LLC • pinnacle-plan.com

Retirement Plan Design • Administration • Consulting • Actuarial Services
1985 E. River Rd., Suite 111, Tucson, AZ 85718 • 520.618.1305 • F. 520.618.1306
2201 E. Camelback Rd., Suite 200, Phoenix, AZ 85016 • 602.792.5982 • F. 520.618.1306

PBGC Payment Instructions: *Once you have entered the government website, you will go the “Search” located at the top right of your screen and type “PBGC premium payments” and hit enter. You should then see a section that says “PBGC Premium Insurance Payments”, where you will click on the “Continue” button. From there you will need to proceed through 5 steps to complete the payment process. Start your steps by clicking on the blue highlighted button “Continue to the Form”. You will be required to enter plan information, which can be found on the annual PBGC Comprehensive Premium Filing. The remaining areas for completion should be self-explanatory. Please note that you do not need to complete “MY PAA Filing ID” and your Plan Year Commencement (PYC) Date is 01/01/2025.*

- Invoice for our services.

Thank you, Nick, and if you have any questions regarding the above or any other matter, please do not hesitate to contact me.

Very truly yours,



Kevin Strauch, EA, MSEA

Enclosures

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 Trinity Enterprise Services Cash Balance Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trinity Enterprise Services, LLC	D Employer Identification Number (EIN) 47-2089689	
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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	3067277
	b Actuarial value	2b	3067277
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	2	32681
	c For active participants	10	2630252
	d Total	12	2662933
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	5.20 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	409885
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	409885

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	KS Signature of actuary Kevin Strauch EA, MSEA Type or print name of actuary Pinnacle Plan Design, LLC Firm name 1985 E. River Rd., Ste 111 Tucson, AZ 85718 Address of the firm	9/8/2025 Date 23-08709 Most recent enrollment number (520) 618-1305 Telephone number (including area code)
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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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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SIGN HERE	KS <i>Kevin Strauch</i> Signature of actuary Kevin Strauch EA, MSEA Type or print name of actuary Pinnacle Plan Design, LLC Firm name 1985 E. River Rd., Ste 111 Tucson, AZ 85718 Address of the firm	9/8/2025 Date 23-08709 Most recent enrollment number (520) 618-1305 Telephone number (including area code)
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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)	0	0
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)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.74</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		170448
	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>5.06</u> %		0
	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		170448
	d Portion of (c) to be added to prefunding balance		0
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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.18 %
15	Adjusted funding target attainment percentage	15	106.43 %
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	112.58 %
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		
03-11-2025	205266						
Totals ▶				18(b)	205266	18(c)	0

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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	203234

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 5.01 %	2nd segment: 5.26 %	3rd segment: 5.59 %	<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 checked="" type="checkbox"/> Prescribed - combined <input 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 checked="" type="checkbox"/> Yes <input 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	0		
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0		
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	409885		
b Excess assets, if applicable, but not greater than line 31a	31b	404344		
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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	5541		
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement				0
36 Additional cash requirement (line 34 minus line 35)	36	5541		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	203234		
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)	38a	197693		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b			
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	0		

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				

Trinity Enterprise Services Cash Balance Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 12/31/2024

	For Funding		For 417(e)	For Actuarial Equiv.
	Min	Max		
Interest Rates	Seg 1: 5.01%	5.01%	Seg 1: 5.50%	Pre-Retirement: 4.00%
	Seg 2: 5.26%	5.26%	Seg 2: 5.76%	Post-Retirement: 4.00%
	Seg 3: 5.59%	5.36%	Seg 3: 5.83%	
Applicable Date	12/2024	12/2024	11/2023	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Post-Retirement				
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	2018 Applicable Mortality Table from Notice 2017-60
Assumed Benefit Form For Funding			100% Lump Sum / 0% Normal Form	
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant	
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known	
Calculated Effective Interest Rate			5.20%	
Cash Balance Projected Interest Crediting Rate			4.00% annual rate	
Cash Balance Post-Retirement Conversion Assumptions			4.00% interest 2018 Applicable Mortality Table from Notice 2017-60	
Actuarial Cost Method	The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.			

Trinity Enterprise Services Cash Balance Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 12/31/2024

Maximum Deduction Limit

Loading factor for plans eligible to use the special rule under IRC 404(o)(2)(B):

Percent Load: 4.00%

\$ per Partic Load \$700.00

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Trinity Enterprise Services Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 12/31/2024

Plan Effective Date	January 1, 2018
Plan Year	From January 1, 2024 to December 31, 2024
Eligibility	<p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p>2 years of service Minimum age 21</p> <p>Excludes union, non-resident aliens, leased, EEs not named in Sec 23 of AA</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 65 Completion of 5 years of participation from beginning of entry year</p>
Cash Balance Contribution Credit	<p>The plan provides the following cash balance contribution credits to participants based on their group classification:</p> <p>Group 1: The lesser of 80% of compensation and \$180,000</p> <p>The plan provides a minimum cash balance credit to satisfy the meaningful benefit requirement.</p> <p>The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.</p> <p>Salary based contribution credits are applied to current compensation.</p>
Normal Form of Benefit	A benefit payable for the life of the participant
Optional Forms of Benefit	<p>The following forms of benefit payment are also available:</p> <p>Life Only - Payable for the life of the participant.</p> <p>Joint and 75% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 75% of the benefit will continue for the life of the beneficiary.</p> <p>Joint and 50% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.</p> <p>Single Lump Sum - This is a one-time payment of the lump sum equivalent of the plan's normal form of benefit.</p>

Trinity Enterprise Services Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2024 to 12/31/2024
Valuation Date: 12/31/2024

Accrued Benefit	<p>The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.</p> <p>Credited years are plan years from the first day of the plan year containing date of entry excluding the following:</p> <p>Years with less than 1,000 hours</p>
Termination Benefit	<p>Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:</p> <p>Immediate 100% vesting</p> <p>Credited years are plan years from date of hire excluding the following:</p> <p>Years with less than 1,000 hours</p>
Top-Heavy Minimum Benefit	<p>Top-heavy minimum benefits are provided under another plan of the employer</p>
Top-Heavy Status	<p>A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.</p>
Death Benefit	<p>Actuarial Equivalent of the accrued benefit earned to date of death</p>
Cash Balance	<p>The annual Interest Crediting Rate for this plan year is 4.00%</p>

Trinity Enterprise Services Cash Balance Plan

Weighted Average Retirement Age

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 12/31/2024

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65

Completion of 5 years of participation from beginning of entry year

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

Trinity Enterprise Services Cash Balance

Change in Method Under Revenue Procedure 2017-56

Plan Year: 1/1/2024 to 12/31/2024

Valuation date: 12/31/2024

Effective for the Plan Year ended December 31, 2024, there has been a change in the valuation software. In accordance with Revenue Procedure 2017-56, the following conditions have been met:

1. The enrolled actuary for the plan is the same as the enrolled actuary for the plan for the prior plan year or the business organization providing actuarial services to the plan is the same as the business organization that provided actuarial services to the plan for the prior plan year.
2. The new method is substantially the same as the method used for the prior plan year.
3. The new valuation software is generally used by the enrolled actuary for the single-employer plans to which the enrolled actuary provides actuarial services.
4. For either the prior plan year or the current plan year, the funding target, target normal cost (without regard to any adjustment for employee contributions and plan-related expenses), and actuarial value of plan assets determined under the new valuation software are each within 2% of the respective values under the valuation software used for the prior plan year (all other factors being held constant).
5. The modifications to the computations in the valuation software or the use of a different valuation software system are designed to produce results that are no less accurate than the results produced prior to the modifications or change.

Trinity Enterprise Services Cash Balance Plan

Schedule of Active Participant Data

Plan Year: 1/1/2024 to 12/31/2024

Valuation Date: 12/31/2024

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	0	3	0	0	0	0	0	0	0	3
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	1	0	0	0	0	0	0	0	1
55-59	0	0	1	0	0	0	0	0	0	0	1
60-64	0	0	3	0	0	0	0	0	0	0	3
65-69	0	0	1	0	0	0	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	9	0	0	0	0	0	0	0	10

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 51.8

Average Service: 5

Amended filing

2025 PBGC Comprehensive Premium Filing

Disaster Relief

Part I – General Plan Information

1 Plan sponsor information

a Name Trinity Enterprise Services, LLC
 b Six-digit business code 518210 c First six digits of CUSIP number _____

2 Plan administrator information

a Name Trinity Enterprise Services, LLC
 b Address line 1 22366 Exe Sq.
 c Address line 2 Suite 400
 d City Ashburn e State VA f Zip 20148 g Country (if not U.S.) _____
 h Contact person
 (1) Name (for "attention" line of mailings) David Benson
 (2) e-mail address pbgc@pinnacle-plan.com (3) Phone number: (520) 618-1305 ext _____
 i Alternative phone number to be shown on PBGC's "Plans Paying Premiums" list (see instructions): _____ ext _____

3 Additional plan contact (optional)

(1) Name _____
 (2) e-mail address _____ (3) Phone number _____ ext _____

4 Plan information

a Plan name Trinity Enterprise Services Cash Balance Plan
 b Premium payment year information:
 (1) This filing is for the premium payment year commencing 01/01/2025 and ending 12/31/2025.
 (2) For the premium payment year, is the plan a "small plan" (see definitions section of instructions)? Yes No
 (3) If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the date the plan year change was adopted _____.
 (4) Check box if plan qualifies to pay a prorated premium for this premium payment year.
 c Employer Identification Number and Plan Number information:
 (1) EIN and PN: EIN 47-2089689 PN 002
 (2) If the EIN and PN are not **both** the same as on the most recent premium filing, enter EIN and PN from most recent premium filing: EIN _____ PN _____. Otherwise, skip to item 4c(3).
 (3) If the EIN and PN are not **both** the same as on the 2024 Form 5500, enter EIN and PN from 2024 Form 5500 and provide explanation: Otherwise, skip to item 4d. EIN _____ PN _____. Explanation _____
 d Plan effective date 01/01/2018
 e Plan type: Multiemployer Single-employer other than CSECs (including multiple-employer plans) CSEC Plan
 f Check box if plan is a new or newly covered plan and provide the following information:
 (1) Adoption date _____ (2) Date coverage began on _____.
 (3) Is the plan a "continuation plan" (see definitions section of instructions)? Yes No

Part II – Flat-Rate Premium Information

5 Flat-rate Premium

a Participant count date: 12/31/2024

b Flat-rate premium calculation

(1) Applicable rate (Single-employer plans other than CSECs - enter \$106; Multiemployer plans - enter \$39; CSEC plans- enter \$19) 106

(2) Participant count as of participant count date

Active: 10 Terminated vested: 2 Retirees and beneficiaries: 0 Total: 12

(3) Flat-rate premium (item 5b(1) x item 5b(2)) 1272

Part III – Variable-rate Premium Information
Multiemployer plans – Skip to Part IV

Complete item 6 only if the plan is electing, or revoking an election, to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target; otherwise skip to item 7. CSEC plans may not make this election.

6 Alternative Premium Funding Target Election or Revocation

a Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target. The election will be effective — and the plan will be required to use the Alternative Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked.

b Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective — and the plan will be required to use the Standard Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made.

Note — Elections or Revocations must remain in place for at least five years.

7 Variable-rate Premium (VRP)

a VRP exemptions – If an exemption applies, check applicable box and skip to item 8.

New or newly covered small plan other than a continuation plan No vested participants

Standard termination with a final distribution during the premium payment year 412(e)(3) plan

Standard termination with a proposed termination date in a prior year (proposed termination date: _____)

b VRP small employer cap qualification – Check box if this plan qualifies for the small employer cap applicable to certain plans of small employers (those with 25 or fewer employees). If box is checked, items 7c through 7g may, but need not, be omitted.

c Assumptions and methods used to determine premium funding target

(1) Premium funding target method: Standard Alternative NA, CSEC

(2) Discount rate(s): 1st segment 5.01% 2nd segment 5.26% 3rd segment 5.36% N/A, full yield curve used CSEC plan rate _____%

(3) UVB valuation date: 12/31/2024

d Premium funding target as of UVB valuation date – Check box if the reported premium funding target information is an estimate.

(1) Attributable to active participants 2633286

(2) Attributable to terminated vested participants 32681

(3) Attributable to retirees and beneficiaries receiving payment 0

(4) Total premium funding target (item 7d(1) + item 7d(2) + item 7d(3)) 2665967

e Market value of assets as of UVB valuation date 3067277

f Unfunded vested benefits (excess, if any, of item 7d(4) over item 7e, rounded up to the next \$1,000) 0

g Uncapped variable-rate premium (CSEC plans, item 7f x 0.009. Other plans, item 7f x 0.052) 0

h Maximum VRP

(1) MAP-21 cap (\$717 x item 5b(2)) 8604

(2) Small employer cap, if applicable (\$5 x item 5b(2) x item 5b(2)) – Omit this item if plan is not eligible for this cap _____

(3) Maximum variable-rate premium — If the plan qualifies for the small employer cap, the lesser of item 7h(1) and 7h(2). Otherwise, item 7h(1). 8604

i Variable-rate premium — If the plan qualifies for the small employer cap and item 7g was omitted, item 7h(3). Otherwise, the lesser of item 7g and item 7h(3). 0

Part IV – Total Premium Information

8 Premium proration (If the plan does not qualify for premium proration, skip to item 9)

a Number of months (complete and partial) in the short plan year or short coverage year _____

b Total premium before reflecting proration (item 5b(3) + item 7i, if applicable) _____

9 Total premium — If the plan does not qualify for premium proration, item 5b(3) + item 7i, if applicable. If the plan qualifies for premium proration, item 8b x item 8a ÷ 12.

1272.00 _____

Part V – Payment Information

10 Premium credit

a Payments made previously for this premium payment year (including credits used) _____

b Outstanding credit from prior premium payment years _____

c Total (item 10a + item 10b) 0 _____

11 Amount due (excess, if any, of item 9 over item 10c)

1272.00 _____

12 Treatment of overpayment

a Excess, if any, of item 10c over item 9 _____

b Treatment of balance (select one):
 Credit towards next year's premium Refund by check
 Refund by electronic funds transfer (ACH). If you select this option, complete item 12c.

c Information for ACH refund: Type of account Checking Savings Bank routing number _____

Account number _____

Part VI – Miscellaneous Information

13 Final filing – If this is the last filing for this plan, enter the date of event _____ and check box that best describes why filing obligation is ceasing:
 Merger/Consolidation Trusteeship Distribution pursuant to termination Coverage ceased because only remaining participants are substantial owners Coverage ceased for some other reason. Enter explanation:

14 Transfers between plans – If this plan transferred some, or all assets or liabilities to another plan (or vice versa) since the most recent comprehensive premium filing, provide the following information with respect to the plan to (or from) which assets or liabilities were transferred (if transfer involved a new or newly covered plan or if more than one transfer needs to be reported, see instructions).

a Check box for (1) or (2), whichever is applicable box: (1) This plan is the transferor plan. (2) This plan is the transferee plan.

b Employer Identification numbers and plan numbers: Transferor Plan: EIN _____ PN _____ Transferee Plan EIN _____ PN _____

c Type of transfer: Merger Consolidation Spinoff to/from another plan Other d Date of transfer _____

e Additional information for certain transactions. Complete this item only if the transfer occurred on the first day of the plan year and the plan is not a new plan.

(1) Was transfer de minimis? Yes No

(2) If plan is the transferee plan in a de minimis merger, was plan smaller than transferor plan (see instructions)? Yes No

15 Participation freeze – If, as of the beginning of the premium payment year, this plan is closed to new entrants, enter the date the plan became closed to new entrants _____.

16 Accrual freeze – If, as of the beginning of the premium payment year, benefit accruals under this plan are partially or totally frozen, enter the date the freeze became effective _____ and check box that best describes the nature of the freeze:

For all participants, both pay and service are frozen For all participants, service is frozen, pay is not

For some participants, both pay and service are frozen For some participants, service is frozen, pay is not

Other (enter explanation) _____

17 Risk transfer activity – Do not complete this item if this is the last filing for this plan

a Lump Sum Windows: If the plan provided one or more lump sum windows during the prior premium payment year, report the number of participants eligible to elect a lump sum under all such windows and the number of participants who elected a lump sum:

(1) Participants not in pay status when lump sum was offered: Eligible to elect lump sum _____ Elected lump sum _____

(2) Participants in pay status when lump sum was offered: Eligible to elect lump sum _____ Elected lump sum _____

b Annuity purchases: If the plan purchased annuities for a group of participants during the prior premium payment year, report the number of participants for whom an annuity was purchased:

(1) Participants not in pay status when annuity was purchased: _____

(2) Participants in pay status when annuity was purchased: _____

18 Amended filing – Complete this item only if this is an amended filing

a If either the first or last day of the premium payment year reported in this amended filing (item 4b(1)) differs from what was reported in the filing that is being amended, provide the dates that were reported in the original filing:
Date premium payment year commenced _____ Date premium payment year ended _____

b If the EIN and PN reported in this amended filing (item 4c(1)) are not **both** the same as what was reported in the filing that is being amended, enter the EIN and PN from the original filing: EIN _____ PN _____.

c If the reason for amending the filing is other than reconciling an estimated Variable-rate Premium and the total premium reported in this amended filing (item 9) is less than the amount reported in the filing that is being amended, provide an explanation of why an amended filing is necessary:

19 Disaster relief – Complete this item only if this filing is subject to an extended due date per PBGC’s disaster relief announcement.

a Identifying number of applicable IRS Disaster Relief News Release (e.g., CA-2025-01): _____

b Is the plan administrator’s address (i.e., address reported in item 2) in the disaster area covered by the applicable IRS News Release? Yes No

c Complete this item only if item 19b is “No”. Enter the information below as it relates to the person affected by the disaster.

(1) Name _____ (2) Role _____

(3) Address line 1 _____

(4) Address line 2 _____

(5) City _____ (6) State _____ (7) Zip _____

Part VII – Certifications

20 Certification of Plan Administrator – The plan administrator must sign and complete this item.

I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in the filing is true, correct and complete and has been determined in accordance with PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received Variable-rate Premium information certified by an enrolled actuary for this filing, the Variable-rate premium information in the filing is the same as the Variable-rate Premium information certified by the enrolled actuary.

Name of person signing: David Benson

pbgc@pinnacle-plan.com

E-mail address

(571) 306-0333 ext _____

Telephone

Signature

Date

21 Certification of Enrolled Actuary – An enrolled actuary must sign and complete this item unless the plan is (1) a multiemployer plan, (2) exempt from the Variable-rate Premium, or (3) eligible for the small employer cap, paying the maximum VRP and not reporting the uncapped VRP.

I certify under penalty of perjury, to the best of my knowledge and belief, that the Variable-rate Premium information in the filing is true, correct and complete and has been determined in accordance with PBGC's premium regulations and instructions; except that if the premium funding target is estimated, the estimate is reasonable, takes into account the most current information available to me and has been determined in accordance with generally accepted actuarial principles and practices.

Name of person signing: Kevin Strauch

Pinnacle Plan Design, LLC

Firm

(520) 618-1305 ext _____

Telephone

pbgc@pinnacle-plan.com

E-mail address

23-08709

Enrollment number

Kevin Strauch

Signature

9/8/2025

Date

Trinity Enterprise Services Cash Balance

Change in Method Under Revenue Procedure 2017-56

Plan Year: 1/1/2024 to 12/31/2024

Valuation date: 12/31/2024

Effective for the Plan Year ended December 31, 2024, there has been a change in the valuation software. In accordance with Revenue Procedure 2017-56, the following conditions have been met:

1. The enrolled actuary for the plan is the same as the enrolled actuary for the plan for the prior plan year or the business organization providing actuarial services to the plan is the same as the business organization that provided actuarial services to the plan for the prior plan year.
2. The new method is substantially the same as the method used for the prior plan year.
3. The new valuation software is generally used by the enrolled actuary for the single-employer plans to which the enrolled actuary provides actuarial services.
4. For either the prior plan year or the current plan year, the funding target, target normal cost (without regard to any adjustment for employee contributions and plan-related expenses), and actuarial value of plan assets determined under the new valuation software are each within 2% of the respective values under the valuation software used for the prior plan year (all other factors being held constant).
5. The modifications to the computations in the valuation software or the use of a different valuation software system are designed to produce results that are no less accurate than the results produced prior to the modifications or change.