

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

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: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: ST. GEORGE'S EPISCOPAL SCHOOL 403B RETIREMENT INCOME PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name, mailing address, city, state, and ZIP: ST. GEORGE'S EPISCOPAL SCHOOL, 923 NAPOLEON AVE, NEW ORLEANS, LA 70115-2862
2b Employer Identification Number (EIN): 72-0684077
2c Plan Sponsor's telephone number: 504-891-5509
2d Business code: 611000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ST. GEORGE'S EPISCOPAL SCHOOL 923 NAPOLEON AVE NEW ORLEANS, LA 70115-2862	3b Administrator's EIN 72-0684077 3c Administrator's telephone number 504-891-5509
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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
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5 Total number of participants at the beginning of the plan year	5	219
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	132
a(2) Total number of active participants at the end of the plan year	6a(2)	127
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	72
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	199
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	1
f Total. Add lines 6d and 6e	6f	200
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	136
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	139
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2L 2M

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ST. GEORGE'S EPISCOPAL SCHOOL 403B RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. GEORGE'S EPISCOPAL SCHOOL	D Employer Identification Number (EIN) 72-0684077

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	200340	7	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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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	4 45567
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 7630
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b 42067
c	Additions: (1) Contributions deposited during the year	7c(1) 1605
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 1915
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶	7c(5) 0
(6) Total additions		7c(6) 3520
d	Total of balance and additions (add lines 7b and 7c(6))	7d 45587
e Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ OTHER	7e(4) 20
(5) Total deductions		7e(5) 20
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 45567

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ST. GEORGE'S EPISCOPAL SCHOOL 403B RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. GEORGE'S EPISCOPAL SCHOOL	D Employer Identification Number (EIN) 72-0684077	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ST. GEORGE'S EPISCOPAL SCHOOL 403B RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ST. GEORGE'S EPISCOPAL SCHOOL</u>	D Employer Identification Number (EIN) <u>72-0684077</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7630</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ST. GEORGE'S EPISCOPAL SCHOOL 403B RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. GEORGE'S EPISCOPAL SCHOOL	D Employer Identification Number (EIN) 72-0684077

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)	60	5522
(2) Participant contributions	1b(2)	515	955
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	19242
(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)	6861	7630
(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)	4619877	4974014
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	42068	45567
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	4669381 5052930
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	4669381 5052930

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	53774
	(B) Participants.....	2a(1)(B)	118534
	(C) Others (including rollovers).....	2a(1)(C)	2847
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	175155
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)	1915
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	1915
(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)	220114
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	220114
(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)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-294
(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)		315642
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		712532

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	325358	
(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)		325358
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)	3625	
(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)		3625
j Total expenses. Add all expense amounts in column (b) and enter total	2j		328983

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		383549
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: **BOURGEOIS BENNETT, LLC**

(2) EIN: **72-0136870**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	109194
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ST. GEORGE'S EPISCOPAL SCHOOL 403B RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. GEORGE'S EPISCOPAL SCHOOL</u>	D Employer Identification Number (EIN) <u>72-0684077</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Financial Report

*St. George's Episcopal School
403(b) Retirement Income Plan*

December 31, 2024



Financial Report

*St. George's Episcopal School
403(b) Retirement Income Plan*

December 31, 2024

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St. George's Episcopal School 403(b) Retirement Income Plan

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
St. George's Episcopal School 403(b) Retirement Income Plan

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

We have performed audits of the accompanying financial statements of St. George's Episcopal School 403(b) Retirement Income Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(c) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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, which raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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, which 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 Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Bougeois Bennett, L.L.C.

Certified Public Accountants.

New Orleans, Louisiana,
September 29, 2025.

statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Bourgeois Bennett, L.L.C.

Certified Public Accountants.

New Orleans, Louisiana,
September 29, 2025.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**St. George's Episcopal School 403(b) Retirement Income Plan**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments , at fair value	<u>\$5,046,453</u>	<u>\$4,668,806</u>
Receivables:		
Participants contributions	955	515
Employer contributions	<u>5,522</u>	<u>60</u>
Total receivables	<u>6,477</u>	<u>575</u>
Net Assets Available For Benefits	<u><u>\$5,052,930</u></u>	<u><u>\$4,669,381</u></u>

See notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

St. George's Episcopal School 403(b) Retirement Income Plan

For the year ended December 31, 2024

Additions To Net Assets Attributed To:

Investment gain:

Net appreciation in fair value of investments	\$ 315,348
Interest and dividend income	222,029

Total investment gain	537,377
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Contributions:

Employee	118,534
Employer	53,774
Rollover	2,847

Total contributions	175,155
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Total additions	712,532
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Deductions From Net Assets Attributed To:

Benefits paid to participants	325,358
Administrative expenses	3,625

Total deductions	328,983
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Net increase	383,549
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Net Assets Available For Benefits:

Beginning of year	4,669,381
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End of year	\$5,052,930
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See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS**St. George's Episcopal School 403(b) Retirement Income Plan**

December 31, 2024 and 2023

Note 1 - DESCRIPTION OF PLAN

The following description of the St. George's Episcopal School 403(b) Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

a. General

The Plan is established under the provisions of Section 403(b) of the Internal Revenue Code (IRC) of 1986, as amended, for organizations described in IRC Section 501(c)(3) and exempt from federal income tax under Section 501(a). St. George's Episcopal School (the "School") is the Plan sponsor. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The School established the Plan to provide employees with a systematic means of savings and investing for the future. All permissible employees of the School, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire.

b. Contributions

Each year participants may contribute, by salary reduction pursuant to the provisions of the IRC, up to 100% of pre-tax annual compensation, as defined in the plan document, subject to statutory limits. Participants who have attained age fifty before the end of the Plan year are eligible to make "catch up" contributions subject to statutory limits. Participants may also contribute amounts representing eligible rollover distributions.

Each year the School matches each participant's elective deferral of up to 5% of eligible compensation with the maximum of \$1,000. All employees aged twenty-one and over with at least one year of service who complete 1,000 hours of service during the Plan year will be eligible to receive the School's matching contribution.

For the year ended December 31, 2024, the Employer made matching contributions of \$53,774.

Note 1 - DESCRIPTION OF PLAN (Continued)

c. Participant Accounts

Each participant's account is credited with the participant's deferral contributions and allocations of the School's matching contribution and plan earnings and charged with plan losses and an allocation of administrative expenses. Allocations of the School's matching contributions are based on participant compensation, account balances, or specific participant transactions, as defined. Allocations of plan earnings or losses and expenses are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Participants are immediately vested in all contributions plus earnings thereon.

e. Investment Options

Upon enrollment in the Plan, participants may direct the investment of their contributions and the School's matching contributions into various annuity options offered by the Plan. The annuity options represent several different alternatives to investing with different risk and return characteristics. Participants may change their investments as frequently as permitted under the Plan.

f. Payment of Benefits

Upon termination of service due to retirement, death, or disability, a participant or beneficiary may elect to receive benefits in the form of a lump sum or installment payments. The participant or beneficiary may also choose to apply his or her individual account balance toward the purchase of an annuity contract. In service distributions may be requested from a participant's vested account balance upon attainment of age 59½ or in the event of hardships.

Effective January 1, 2023, the SECURE 2.0 Act of 2022 (SECURE 2.0 Act) increased the required minimum distribution (RMD) age from 72 to 73. Terminated participants may elect to have the Plan's trustee hold their accounts for distribution to them at a date not later than April 1 of the calendar year after which they attain the RMD age. In this event, terminated participants continue to share in the income, expenses, gains, and losses of the Plan until their accounts are distributed. Effective January 1, 2033, the SECURE 2.0 Act increases the RMD age from 73 to 75. The SECURE 2.0 Act is discussed further on the following page under "*SECURE 2.0 Act of 2022*".

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Basis of Accounting

The accompanying financial statements are prepared using the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management of the School determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for a discussion of fair value measurements.

Purchases and sales of investments are recorded on a settlement date basis. Interest income is accrued as it is earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d. Payment of Benefits

Benefits are recorded when paid.

e. Expenses

The School pays certain plan administrative expenses and are excluded from these financial statements. The remaining fees are paid by the Plan. Investment related expenses are included in net appreciation of fair value of investments.

f. SECURE 2.0 Act of 2022

On December 29, 2022, the SECURE 2.0 Act was enacted to help improve retirement savings. The SECURE 2.0 Act made wide-ranging changes, both mandatory and elective, to qualified plans and its provisions have various effective dates.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

f. SECURE 2.0 Act of 2022 (Continued)

Significant provisions were as follows:

- The RMD age was increased from 72 to 73, effective January 1, 2023, and to age 75, effective January 1, 2033;
- The excise tax for failure to take RMDs was reduced from 50 percent to 25 percent of the RMD amount that was not taken, beginning January 1, 2023; and
- All catch-up contributions for participants with compensation of more than \$145,000 (indexed for inflation) are required to be designated as Roth 401(k) contributions beginning after December 31, 2023. However, in August 2023, the Internal Revenue Service (IRS) announced an administrative transition period that delays this requirement until taxable years beginning after December 31, 2025.

The Plan will incorporate changes in its plan document and administration to the extent required by the “*SECURE 2.0 Act*”.

g. Subsequent Events

The Plan has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued.

Note 3 - INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS

Information related to investments and related income included in the financial statements and supplemental schedule was obtained and derived from information provided to the plan administrator and certified as complete and accurate by TIAA and CREF (TIAA), Ascensus, LLC (“Ascensus”), and Newport Trust Company (“Newport”) the custodians of the Plan as of December 31, 2024 and 2023 and for the year ended December 31, 2024 as follows:

	Certified By:		
	TIAA CREF	Ascensus	Totals
Investments, at fair value:			
As of December 31, 2024	\$2,951,066	\$2,095,387	\$5,046,453
As of December 31, 2023	\$2,716,543	\$1,952,263	\$4,668,806
Net appreciation in fair value of investments - 2024	\$82,156	\$233,192	\$315,348
Interest and dividends - 2024	\$104,159	\$117,870	\$222,029

The contract value of the TIAA Traditional Annuity contract of \$45,567 and \$42,068 as of December 31, 2024 and 2023, respectively, was certified by TIAA and is used as an estimate of fair value in the Statements of Net Assets Available for Benefits and is reported in the supplemental schedule.

Note 4 - FAIR VALUE MEASUREMENTS

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

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

Note 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

- *Registered Investment Companies*: Registered investment company assets in the Plan are reported at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year end. NAV, calculated daily, is applied to daily purchase and sale transactions in addition to being used to determine ending market values. The registered investment company accounts are classified as a Level 2 investments.
- *Annuity Insurance Contract - TIAA Traditional Annuity*: TIAA Traditional Non-Benefit Responsive Annuity Contract is non benefit-responsive and not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable, and the investments are valued using unobservable inputs (Level 3). While transactions involving the purchases/sales of individual TIAA Traditional Annuity contracts are not observable in a public marketplace, these contracts are valued at contract value which approximates fair value.

Note 4 - FAIR VALUE MEASUREMENTS (Continued)

- *Pooled Separate Account - TIAA Real Estate Account:* The TIAA Real Estate Account is held in an insurance company separate account and invests primarily in real estate and real estate related investments. The value is principally derived from the market value of the underlying real estate holdings or other real estate related investments as well as such liquid-fixed income investments. The account provides a liquidity guarantee to meet participant redemption, transfer, or cash withdrawal requests that can be executed at any time at the closing daily accumulation value as listed on Nasdaq. Redemptions out of the investment are limited to one per calendar quarter. This account is reported at the quoted market price, which represents the accumulated unit value at NAV held by the Plan at year end. The pooled separate account is classified as a Level 2 investment.

Assets measured at fair value on a recurring basis are comprised of and determined as follows:

Description	December 31, 2024			Fair Value
	(Level 1)	(Level 2)	(Level 3)	
Registered Investment Companies	\$ -	\$ 4,993,256	\$ -	\$ 4,993,256
Annuity Insurance Contract	-	-	45,567	45,567
Pooled Separate Account	-	7,630	-	7,630
Total assets	\$ -	\$ 5,000,886	\$ 45,567	\$ 5,046,453

Description	December 31, 2023			Fair Value
	(Level 1)	(Level 2)	(Level 3)	
Mutual funds	\$ 4,619,877	\$ -	\$ -	\$ 4,619,877
Annuity Insurance Contract	-	-	42,068	42,068
Pooled Separate Account	-	6,861	-	6,861
Total assets	\$ 4,619,877	\$ 6,861	\$ 42,068	\$ 4,668,806

Based on a reevaluation of the criteria for concluding that an investment has a readily-determinable fair value, the fair value of the registered investment companies and pooled separate accounts as of 2023 have been reclassified to Level 2 in the fair value table to conform with the current year presentation. This reclassification has no impact on net assets available for benefits as of December 31, 2023.

As of December 31, 2024 and 2023, there were no assets measured at fair value on a non-recurring basis.

Note 4 - FAIR VALUE MEASUREMENTS (Continued)

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

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

	TIAA Traditional Annuity
Balance, beginning of year	\$42,068
Interest income	1,915
Purchases and transfers	1,605
Sales	(21)
Balance, end of year	\$45,567

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

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

Level 3 Investment	Fair Value December 31, 2024	Fair Value December 31, 2023	December 31, 2024 and 2023		
			Principal Valuation Techniques	Significant Unobservable Inputs	Ranges of Inputs
Annuity Insurance Contract	\$45,567	\$42,068	Discounted cash flow	Risk-adjusted discount rate applied	3.00-6.75
			Theoretical transfer (exit value)		

Note 5 - CONTRACTS WITH INSURANCE COMPANIES

Plan assets are invested in fixed and variable annuity contracts with TIAA. TIAA maintains the assets of the fixed annuity contracts that is fully and unconditionally guaranteed and backed by the claims paying ability of TIAA. The annuity is reported at contract value. The contract value of the general account equals the accumulated cash contributions and is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the plan participant.

The TIAA Traditional Annuity is a non-benefit responsive fixed-rate guaranteed annuity offered to participants in employer-sponsored retirement plans through contracts issued by TIAA, an insurance company. The TIAA Traditional Annuity is maintained in the general account of TIAA and provides a guarantee of principal, a guaranteed minimum rate of interest between 1% and 3%, and the potential for additional interest, if declared by TIAA. Additional interest, when declared, remains in effect for the “declaration year”, which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant’s account purchases a guaranteed amount of lifetime annuity income, paid to participants who chose to annuitize some or all of their balance.

When a participant’s account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the payments is equal to the account balance. The subsequent stream of annuity payments occurs outside the Plan and does not represent an obligation of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, interest credited, and transfers less withdrawals and transfers, if any. Participants may only make withdrawals from the TIAA Traditional Annuity in the form of a life annuity or in ten annual installments.

Note 6 - RISK AND UNCERTAINTIES

The Plan’s investments are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances, and the amounts reported in the Statements of Net Assets Available for Benefits.

Note 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the School has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, upon such action all participants or beneficiaries will be 100% vested in all accounts.

Note 8 - TAX STATUS

The Plan was initially effective January 1, 1992, and was restated effective January 1, 2010. The Plan utilizes a volume submitter document and relies on the opinion letter issued to the volume submitter document sponsor. The volume submitter document sponsor received an opinion letter dated August 7, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). Plan management believes the Plan is currently designed and operating in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the financial statements of the Plan.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes that it is no longer subject to income tax examinations for years prior to 2021.

Note 9 - RELATED PARTY TRANSACTIONS

The Plan invests in annuities, real estate accounts, mutual funds, and other investments sponsored by the Plan's custodians, as defined by the Plan, and therefore, those transactions qualify as party in interest transactions.

SUPPLEMENTAL SCHEDULES

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**St. George's Episcopal School 403(b) Retirement Income Plan**

Form 5500, Schedule H, Line 4i
Employer Identification Number: 72-0684077
Plan Number: 001

December 31, 2024

(a)	Issue or Borrower	(c) Description of Investment	(d) Cost ¹	(e) Current Value
*	Vanguard Star Fund	Registered Investment Company		\$1,243,435
*	Nuveen Lifecycle 2050 Retirement	Registered Investment Company		566,913
*	Nuveen Lifecycle 2045 Retirement	Registered Investment Company		398,765
*	Nuveen Lifecycle 2010 Retirement	Registered Investment Company		330,022
*	Nuveen Lifecycle 2035 Retirement	Registered Investment Company		287,878
*	Nuveen Lifecycle 2030 Retirement	Registered Investment Company		269,331
*	Nuveen Lifecycle 2040 Retirement	Registered Investment Company		266,574
*	Nuveen Lifecycle 2020 Retirement	Registered Investment Company		185,837
*	Nuveen Lifecycle 2055 Retirement	Registered Investment Company		170,415
*	Vanguard Primecap Fund Admiral Shares	Registered Investment Company		129,405
*	Vanguard 500 Index Fund Admiral Shares	Registered Investment Company		122,932
*	Vanguard U.S. Growth Fund Investor Shares	Registered Investment Company		112,542
*	Nuveen Lifecycle 2025 Retirement	Registered Investment Company		109,766
*	Vanguard FTSE Social Index - Admiral Shares	Registered Investment Company		96,217
*	Vanguard Explorer Fund Admiral Shares	Registered Investment Company		94,887
*	Vanguard Health Care Fund Admiral Shares	Registered Investment Company		88,833
*	Nuveen Lifecycle 2060 Retirement	Registered Investment Company		76,494
*	Vanguard Lifestrategy Growth Fund	Registered Investment Company		68,856
*	Nuveen Lifecycle 2015 Retirement	Registered Investment Company		65,329
*	Vanguard Extended Market Index Fund Admiral Shares	Registered Investment Company		64,731
*	TIAA Traditional Non-Benefit Responsive 2	Guaranteed Fixed Annuity		45,567
*	Nuveen Equity Index Retirement	Registered Investment Company		41,661
*	Nuveen International Equity Retirement	Registered Investment Company		23,981
*	Nuveen Large Cap Value Retirement	Registered Investment Company		21,753
*	Nuveen Core Equity Retirement	Registered Investment Company		20,375
*	Vanguard Federal Money Market Fund	Registered Investment Company		19,242
*	Nuveen Large Cap Growth Retirement	Registered Investment Company		14,602
*	Nuveen Large Cap Resp Eq Retirement	Registered Investment Company		13,146
*	Vanguard Cash Reserves Federal Money	Registered Investment Company		9,618
*	Vanguard U.S. Growth Fund Admiral Shares	Registered Investment Company		8,667
*	Vanguard Global Equity Fund	Registered Investment Company		8,068
*	Nuveen Quant Small Cap Equity Retirement	Registered Investment Company		7,673

**Schedule 1
(Continued)**

(a)	Issue or Borrower	(c) Description of Investment	(d) Cost ¹	(e) Current Value
*	TIAA Real Estate	Pooled Separate Account		7,630
*	Vanguard Lifestrategy Conservative Growth Fund	Registered Investment Company		7,171
*	Vanguard Mid Cap Index Fund Admiral Shares	Registered Investment Company		5,547
*	Nuveen Mid Cap Value Retirement	Registered Investment Company		4,560
*	Nuveen Real Estate Securities Select Retirement	Registered Investment Company		4,128
*	Nuveen Inflation Linked Bond Retirement	Registered Investment Company		3,837
*	Vanguard Value Index Fund Admiral Shares	Registered Investment Company		3,426
*	Vanguard Diversified Equity Fund	Registered Investment Company		3,372
*	Nuveen Lifecycle 2065 Retirement	Registered Investment Company		3,101
*	Nuveen Core Plus Bond Retire	Registered Investment Company		2,936
*	Nuveen Small Cap Bld Index Retirement	Registered Investment Company		2,740
*	Nuveen Money Market Retirement	Registered Investment Company		2,705
*	Nuveen Mid Cap Growth Retirement	Registered Investment Company		2,448
*	Vanguard International Value Fund	Registered Investment Company		2,251
*	Vanguard Small Cap Index Fund Admiral Shares	Registered Investment Company		2,247
*	Vanguard International Growth Fund Admiral Shares	Registered Investment Company		2,162
*	Vanguard Total Stock Market Index Fund Admiral Shares	Registered Investment Company		1,778
*	Nuveen Core Bond Retirement	Registered Investment Company		899
	Total assets held for investment purposes			<u>\$5,046,453</u>

* Party in interest

¹ Cost information is omitted because these investments are part of an individual account plan and are directed by the participants.

The information shown on this schedule has been summarized from information provided by the custodians, TIAA and CREF and Ascensus, LLC, and Newport Trust Company as of December 31, 2024, which the custodians have certified as complete and accurate.

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

St. George's Episcopal School 403(b) Retirement Income Plan

Form 5500, Schedule H, Line 4a
 Employer Identification Number: 72-0684077
 Plan Number: 001

For the year ended December 31, 2024

		Total That Constitute Nonexempt Prohibited Transactions						
Amount Withheld	Participant Contributions Transferred Late to the Plan	Date Withheld	Date Remitted	Check Here if Late		Contributions		Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
				Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
\$9,093		01/15/22	02/07/22		\$	\$ 9,093	-	\$ -
\$8,861		02/15/22	03/10/22		-	8,861	-	-
\$180		03/05/22	03/21/22		-	180	-	-
\$9,007		05/15/22	06/01/22		-	9,007	-	-
\$230		07/05/22	07/27/22		-	230	-	-
\$7,595		07/15/22	08/02/22		-	7,595	-	-
\$150		08/05/22	08/23/22		-	150	-	-
\$180		09/05/22	10/04/22		-	180	-	-
\$230		11/05/22	11/23/22		-	230	-	-
\$5,919		01/03/23	02/15/23		-	5,919	-	-
\$9,508		02/15/23	03/09/23		-	9,508	-	-
\$300		03/03/23	07/20/23		-	300	-	-
\$500		03/15/23	04/14/23		-	500	-	-
\$52		03/17/23	09/09/24		-	52	-	-
\$9,792		06/15/23	07/10/23		-	9,792	-	-

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.....▶	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶	<input type="checkbox"/>

Part II Basic Plan Information—enter all requested information	
<p>1a Name of plan ST. GEORGE'S EPISCOPAL SCHOOL 403B RETIREMENT INCOME PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>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) ST. GEORGE'S EPISCOPAL SCHOOL</p> <p>923 NAPOLEON AVE</p> <p>NEW ORLEANS LA 70115-2862</p>	<p>1c Effective date of plan 01/01/1992</p> <p>2b Employer Identification Number (EIN) 72-0684077</p> <p>2c Plan Sponsor's telephone number 504-891-5509</p> <p>2d Business code (see instructions) 611000</p>

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.

SIGN HERE		10/3/25	Joseph Kreutziger
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ST. GEORGE'S EPISCOPAL SCHOOL 923 NAPOLEON AVE NEW ORLEANS LA 70115-2862	3b Administrator's EIN 72-0684077 <hr/> 3c Administrator's telephone number 504-891-5509
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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	219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	132
a(2) Total number of active participants at the end of the plan year	6a(2)	127
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	72
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	199
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1
f Total. Add lines 6d and 6e.	6f	200
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	136
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	139
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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- 8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2L 2M
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

St. George's Episcopal School 403(b) Retirement Income Plan

Form 5500, Schedule H, Line 4a
 Employer Identification Number: 72-0684077
 Plan Number: 001

For the year ended December 31, 2024

			Total That Constitute Nonexempt Prohibited Transactions				
<u>Participant Contributions Transferred Late to the Plan</u>			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	<u>Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51</u>
<u>Amount Withheld</u>	<u>Date Withheld</u>	<u>Date Remitted</u>					
\$9,093	01/15/22	02/07/22		\$ -	\$ 9,093	\$ -	\$ -
\$8,861	02/15/22	03/10/22		-	8,861	-	-
\$180	03/05/22	03/21/22		-	180	-	-
\$9,007	05/15/22	06/01/22		-	9,007	-	-
\$230	07/05/22	07/27/22		-	230	-	-
\$7,595	07/15/22	08/02/22		-	7,595	-	-
\$150	08/05/22	08/23/22		-	150	-	-
\$180	09/05/22	10/04/22		-	180	-	-
\$230	11/05/22	11/23/22		-	230	-	-
\$5,919	01/03/23	02/15/23		-	5,919	-	-
\$9,508	02/15/23	03/09/23		-	9,508	-	-
\$300	03/03/23	07/20/23		-	300	-	-
\$500	03/15/23	04/14/23		-	500	-	-
\$52	03/17/23	09/09/24		-	52	-	-
\$9,792	06/15/23	07/10/23		-	9,792	-	-

Schedule 2
(Continued)

			Total That Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$400	12/29/23	01/23/24		400	-	-	-
\$115	04/19/24	05/07/24		115	-	-	-
\$115	05/10/24	05/28/24		115	-	-	-
\$10,291	06/14/24	07/02/24		10,291	-	-	-
\$8,161	07/15/24	08/07/24		8,161	-	-	-
\$83	08/15/24	09/08/25		83	-	-	-
\$209	09/06/24	09/23/24		209	-	-	-
\$8,648	09/13/24	10/15/24		8,648	-	-	-
\$135	09/13/24	09/08/25		135	-	-	-
\$125	09/15/24	09/08/25		125	-	-	-
\$135	09/20/24	10/11/24		135	-	-	-
\$211	09/20/24	10/22/24		211	-	-	-
\$135	09/27/24	09/22/25		135	-	-	-
\$207	10/04/24	10/22/24		207	-	-	-
\$135	10/04/24	09/22/25		135	-	-	-
\$8,802	10/15/24	11/06/24		8,802	-	-	-
\$209	10/18/24	11/07/24		209	-	-	-
\$209	11/01/24	11/27/24		209	-	-	-
\$8,795	11/15/24	12/06/24		8,795	-	-	-
\$135	12/06/24	12/23/24		135	-	-	-
\$135	12/27/24	02/14/25		135	-	-	-
\$207	12/27/24	02/13/25		207	-	-	-
				\$47,597	\$61,597	\$ -	\$ -

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**St. George's Episcopal School 403(b) Retirement Income Plan**

Form 5500, Schedule H, Line 4i
Employer Identification Number: 72-0684077
Plan Number: 001

December 31, 2024

(a)	Issue or Borrower	(c) Description of Investment	(d) Cost ¹	(e) Current Value
*	Vanguard Star Fund	Registered Investment Company		\$1,243,435
*	Nuveen Lifecycle 2050 Retirement	Registered Investment Company		566,913
*	Nuveen Lifecycle 2045 Retirement	Registered Investment Company		398,765
*	Nuveen Lifecycle 2010 Retirement	Registered Investment Company		330,022
*	Nuveen Lifecycle 2035 Retirement	Registered Investment Company		287,878
*	Nuveen Lifecycle 2030 Retirement	Registered Investment Company		269,331
*	Nuveen Lifecycle 2040 Retirement	Registered Investment Company		266,574
*	Nuveen Lifecycle 2020 Retirement	Registered Investment Company		185,837
*	Nuveen Lifecycle 2055 Retirement	Registered Investment Company		170,415
*	Vanguard Primecap Fund Admiral Shares	Registered Investment Company		129,405
*	Vanguard 500 Index Fund Admiral Shares	Registered Investment Company		122,932
*	Vanguard U.S. Growth Fund Investor Shares	Registered Investment Company		112,542
*	Nuveen Lifecycle 2025 Retirement	Registered Investment Company		109,766
*	Vanguard FTSE Social Index - Admiral Shares	Registered Investment Company		96,217
*	Vanguard Explorer Fund Admiral Shares	Registered Investment Company		94,887
*	Vanguard Health Care Fund Admiral Shares	Registered Investment Company		88,833
*	Nuveen Lifecycle 2060 Retirement	Registered Investment Company		76,494
*	Vanguard Lifestrategy Growth Fund	Registered Investment Company		68,856
*	Nuveen Lifecycle 2015 Retirement	Registered Investment Company		65,329
*	Vanguard Extended Market Index Fund Admiral Shares	Registered Investment Company		64,731
*	TIAA Traditional Non-Benefit Responsive 2	Guaranteed Fixed Annuity		45,567
*	Nuveen Equity Index Retirement	Registered Investment Company		41,661
*	Nuveen International Equity Retirement	Registered Investment Company		23,981
*	Nuveen Large Cap Value Retirement	Registered Investment Company		21,753
*	Nuveen Core Equity Retirement	Registered Investment Company		20,375
*	Vanguard Federal Money Market Fund	Registered Investment Company		19,242
*	Nuveen Large Cap Growth Retirement	Registered Investment Company		14,602
*	Nuveen Large Cap Resp Eq Retirement	Registered Investment Company		13,146
*	Vanguard Cash Reserves Federal Money	Registered Investment Company		9,618
*	Vanguard U.S. Growth Fund Admiral Shares	Registered Investment Company		8,667
*	Vanguard Global Equity Fund	Registered Investment Company		8,068
*	Nuveen Quant Small Cap Equity Retirement	Registered Investment Company		7,673

**Schedule 1
(Continued)**

(a)	Issue or Borrower	(c) Description of Investment	(d) Cost ¹	(e) Current Value
*	TIAA Real Estate	Pooled Separate Account		7,630
*	Vanguard Lifestrategy Conservative Growth Fund	Registered Investment Company		7,171
*	Vanguard Mid Cap Index Fund Admiral Shares	Registered Investment Company		5,547
*	Nuveen Mid Cap Value Retirement	Registered Investment Company		4,560
*	Nuveen Real Estate Securities Select Retirement	Registered Investment Company		4,128
*	Nuveen Inflation Linked Bond Retirement	Registered Investment Company		3,837
*	Vanguard Value Index Fund Admiral Shares	Registered Investment Company		3,426
*	Vanguard Diversified Equity Fund	Registered Investment Company		3,372
*	Nuveen Lifecycle 2065 Retirement	Registered Investment Company		3,101
*	Nuveen Core Plus Bond Retire	Registered Investment Company		2,936
*	Nuveen Small Cap Bld Index Retirement	Registered Investment Company		2,740
*	Nuveen Money Market Retirement	Registered Investment Company		2,705
*	Nuveen Mid Cap Growth Retirement	Registered Investment Company		2,448
*	Vanguard International Value Fund	Registered Investment Company		2,251
*	Vanguard Small Cap Index Fund Admiral Shares	Registered Investment Company		2,247
*	Vanguard International Growth Fund Admiral Shares	Registered Investment Company		2,162
*	Vanguard Total Stock Market Index Fund Admiral Shares	Registered Investment Company		1,778
*	Nuveen Core Bond Retirement	Registered Investment Company		899
	Total assets held for investment purposes			<u>\$5,046,453</u>

* Party in interest

¹ Cost information is omitted because these investments are part of an individual account plan and are directed by the participants.

The information shown on this schedule has been summarized from information provided by the custodians, TIAA and CREF and Ascensus, LLC, and Newport Trust Company as of December 31, 2024, which the custodians have certified as complete and accurate.