

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
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: THE AMERICAN SCHOOL FOR THE DEAF DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN SCHOOL FOR THE DEAF
2b Employer Identification Number (EIN): 06-0667600
2c Plan Sponsor's telephone number: 860-570-2372
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature 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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  AMERICAN SCHOOL FOR THE DEAF  139 NORTH MAIN STREET WEST HARTFORD, CT 06107	<b>3b</b> Administrator's EIN 06-0667600  <b>3c</b> Administrator's telephone number 860-570-2372
---	---

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	276
---	----------	-----

<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	63
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	58
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	89
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	118
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	265
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	6
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	271
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
--	----------	--

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

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

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

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

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached   0  

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

---

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

---

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

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

---

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

<b>A</b> Name of plan <u>THE AMERICAN SCHOOL FOR THE DEAF DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN SCHOOL FOR THE DEAF</u>	<b>D</b> Employer Identification Number (EIN) <u>06-0667600</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>35044292</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>33214279</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>83</u>	<u>9746940</u>
	<b>b</b> For terminated vested participants .....	<u>132</u>	<u>8760145</u>
	<b>c</b> For active participants .....	<u>63</u>	<u>9961426</u>
	<b>d</b> Total .....	<u>278</u>	<u>28468511</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.36 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>339855</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>20000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>359855</u>

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

<b>SIGN HERE</b>	
Signature of actuary	<u>01/13/2026</u>
<u>NORMAN E. YAMAMOTO</u>	Date
Type or print name of actuary	<u>23-04754</u>
<u>USI CONSULTING GROUP</u>	Most recent enrollment number
Firm name	<u>860-521-8400</u>
<u>95 GLASTONBURY BOULEVARD</u> <u>SUITE 102</u> <u>GLASTONBURY, CT 06033</u>	Telephone number (including area code)
Address of the firm	

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



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 359855
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	4023934		431256	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 791111
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	791111	791111	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

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

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>THE AMERICAN SCHOOL FOR THE DEAF DEFINED BENEFIT PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN SCHOOL FOR THE DEAF</b>	<b>D</b> Employer Identification Number (EIN) <b>06-0667600</b>	

**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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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

---

**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)

WELLS FARGO

94-1347393

(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?
21	NONE	21754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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.

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>THE AMERICAN SCHOOL FOR THE DEAF DEFINED BENEFIT PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN SCHOOL FOR THE DEAF</b>	<b>D</b> Employer Identification Number (EIN) <b>06-0667600</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	38223	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	213443	198851
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	326288	158330
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	10591810	10614466
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	15504732	16452508
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7079914	7473264
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	1289882	1149391

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	35044292	36046810
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	15096
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	15096
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	35044292	36031714

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	13747	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	78066	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		91813
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	13956	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	484976	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	743981	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	50016	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1292929
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	147658	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		147658
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	14281982	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	14626479	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-344497
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-193025	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		930693
<b>c</b> Other income .....	<b>2c</b>		2244
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1927815

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	911409	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		911409
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		3324
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	25660	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		25660
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		940393

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		987422
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: WHITTLESEY PC

(2) EIN: 06-0903326

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 565981.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

<b>A</b> Name of plan <u>THE AMERICAN SCHOOL FOR THE DEAF DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN SCHOOL FOR THE DEAF</u>	<b>D</b> Employer Identification Number (EIN) <u>06-0667600</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 06-6379101

**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		4
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

Independent Auditors' Report  
Financial Statements with Supplemental Schedules

June 30, 2025 and 2024



ASSURANCE | ADVISORY | TAX | TECHNOLOGY

## INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the  
American School for the Deaf Defined Benefit Pension Plan

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

We have performed audits of the accompanying financial statements of the American School for the Deaf Defined Benefit Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, the related statements of changes in net assets available for the years then ended, the statement of accumulated plan benefits as of June 30, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Opinion***

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

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

### ***Basis for Opinion***

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

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

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

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

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

### ***Auditors’ Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

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

The supplemental schedules of assets held (at end of year) as of June 30, 2025 and schedule of reportable transactions for the year ended June 30, 2025 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Whittlesey PC*

Hartford, Connecticut  
January 5, 2026

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

---

	<u>2025</u>	<u>2024</u>
<b>Assets:</b>		
Cash	\$ -	\$ 38,223
Investments, at fair value	<u>35,847,959</u>	<u>34,792,626</u>
Receivables:		
Accrued interest	<u>198,851</u>	<u>213,443</u>
<b>Liabilities:</b>		
Other liabilities	<u>15,096</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 36,031,714</u></u>	<u><u>\$ 35,044,292</u></u>

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

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits

For the years ended June 30, 2025 and 2024

	2025	2024
<b>Additions:</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 393,171	\$ 2,905,100
Interest and dividends	1,442,831	886,472
Net investment income	1,836,002	3,791,572
Contributions:		
Employer contributions	13,747	-
Participant contributions	78,066	90,157
Total contributions	91,813	90,157
Total additions	1,927,815	3,881,729
<b>Deductions:</b>		
Benefits paid to participants	914,733	832,071
Administrative expenses	25,660	22,847
Total deductions	940,393	854,918
Net increase	987,422	3,026,811
Net assets available for benefits:		
Beginning of year	35,044,292	32,017,481
End of year	\$ 36,031,714	\$ 35,044,292

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

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

Statement of Accumulated Plan Benefits

June 30, 2024

---

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 9,076,625
Other participants	16,423,505
	<u>25,500,130</u>
Nonvested benefits	<u>747,030</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 26,247,160</u></u>

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

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

Statement of Changes in Accumulated Plan Benefits

For the year ended June 30, 2024

---

Actuarial present value of accumulated plan benefits at beginning of year	\$ 25,209,716
Increase/(decrease) during the year attributable to:	
Benefits accumulated	319,516
Increase for interest due to the decrease in the discount period	1,549,999
Benefits paid	<u>(832,071)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 26,247,160</u>

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

**AMERICAN SCHOOL FOR THE DEAF**  
**DEFINED BENEFIT PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

---

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the American School for the Deaf (the “School/Employer”) Defined Benefit Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan document and related amendments for a more complete description of the Plan’s provisions.

General - The Plan is a defined benefit pension plan available to employees of the School, who were hired after December 31, 1992, who were not eligible for benefits under the State Employees Retirement System and were not substitute teachers, substitute residential advisors or seasonal employees. An employee became a Plan participant on January 1 or July 1 following the attainment of age 21 and the completion of one year of eligible service. Eligible service is defined as an annual period commencing at the date of hire during which an employee performs 50% or more of the full-time equivalent hours of service for their particular position. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective January 1, 2004, the Plan was amended to require employees hired on or after January 1, 2004, to contribute 5% of their base pay to the Plan to be eligible to participate in the Plan.

The Plan was frozen effective July 1, 2009. The result of freezing the Plan is that no new employees can be added to the Plan after June 30, 2009. The assets of the Plan, Employer and employee contributions, and the income earned on these assets, will be used to fund current and future benefit payments.

Pension Benefits - Employees with 5 or more years of service are entitled to annual pension benefits at the earlier of the following: a) the date on which the participant attains age 65 and has five years of vested service, b) the date on which the participant attains age 62 and has 10 years of vested service, or c) the date on which the participant attains age 60 and has 25 years of vested service.

Under terms of the Plan, the normal retirement benefit of an eligible participant retiring shall be equal to 1.55% of the average final compensation multiplied by years of credited service. The average final compensation is defined as the average compensation for the three plan years of employment during which compensation was the greatest, not to exceed 110% of base pay. Employees that are less than full time shall have compensation determined by grossing up their actual rate of base pay to that which would be payable if their employment was full time employment at an equivalent periodic rate of compensation and adding taxable imputed income plus overtime. Compensation shall not exceed \$200,000.

If employees terminate before rendering five years of service, they forfeit the right to receive benefits, and are eligible to receive a refund of any contributions made to the Plan. Employees may elect to receive reduced retirement benefits that provide for joint-and-survivor or beneficiary annuities, or they may elect to receive their benefits as a life annuity payable monthly from retirement. There is a lump sum benefit option for participants if the present value of the vested benefit is \$25,000 or less.

## **NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)**

Death and Disability Benefits - When an active employee who has been married for at least 12 months dies, who at the time of death was entitled to a vested benefit, the employee's spouse is paid a death benefit of 50% of the benefit that would have been payable to the participant if the participant had: 1) terminated immediately before death, 2) elected to retire at the earliest retirement eligibility, or date of death if later, and 3) elected a 50% joint-and-survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately. If annuity payments have not yet commenced, the surviving spouse may elect a lump-sum distribution provided the present value of the vested benefit is not greater than \$25,000. Active employees with 10 or more years of service who become totally disabled are eligible for a benefit payable immediately.

Funding Policy - The Plan's funding policy is for the School to fund the Plan through contributions that the actuary for the Plan has determined are sufficient to provide the Plan with assets with which to pay benefits to Plan participants. The School made a contribution of \$13,747 for the year ended June 30, 2025. The School met the minimum funding requirements of ERISA for fiscal years 2025 and 2024.

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

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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. The Plan administrator determines the Plan's valuation policies utilizing information provided by its investment advisers and trustee. See Note 3 for a discussion of fair value measurements.

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

Payment of Benefits - Benefits payments to participants are recorded upon distribution.

Expenses - The Plan is sponsored by the School. Personnel within the School perform various administrative services for the Plan, including maintenance of participant records. The payroll and related overhead costs associated with these services are not included as Plan expenses but are paid by the School. Certain investment expenses and custodial services are included in administrative expenses on the statements of changes in net assets available. All other expenses incurred in connection with the administration of the Plan are paid by the School.

Subsequent Events - The Plan evaluated subsequent events for the year ended June 30, 2025 through January 5, 2026, the date the financial statements were available to be issued.

### NOTE 3 - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the input to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented and there were no changes in the methods used to measure fair value at June 30, 2025 and 2024.

#### Level 1 Fair Value Measurements:

*Money market fund:* Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-ended fund that is registered with the Securities and Exchange Commission. This fund is required to publish their daily net asset value (“NAV”) and to transact at that price, which approximates \$1. The money market fund held by the Plan is deemed to be actively traded.

*Registered investment companies (mutual funds):* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at the price. The funds held by the Plan are deemed to be actively traded.

*Corporate bonds/U.S. government bonds:* Valued at the closing price reported on the active market on which the individual securities are traded.

#### Level 2 Fair Value Measurements:

*Foreign bonds/asset backed securities:* Valued based on yields currently available on comparable securities of issuers with similar durations and credit ratings.

The following table sets forth by level, within the fair value hierarchy, the Plan’s investments at fair value as of June 30, 2025 and 2024:

	Assets at Fair Value as of June 30, 2025			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 158,330	\$ -	\$ -	\$ 158,330
Registered investment companies (mutual funds)	7,473,264	-	-	7,473,264
U.S. government bonds	10,614,466	-	-	10,614,466
Corporate bonds	13,606,522	-	-	13,606,522
Foreign bonds	-	574,143	-	574,143
Asset backed securities	-	3,421,234	-	3,421,234
Total investments, at fair value	<u>\$ 31,852,582</u>	<u>\$ 3,995,377</u>	<u>\$ -</u>	<u>\$ 35,847,959</u>

	Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 326,288	\$ -	\$ -	\$ 326,288
Registered investment companies (mutual funds)	7,079,914	-	-	7,079,914
U.S. government bonds	10,591,812	-	-	10,591,812
Corporate bonds	13,914,152	-	-	13,914,152
Foreign bonds	-	671,034	-	671,034
Asset backed securities	-	2,209,426	-	2,209,426
Total investments, at fair value	<u>\$ 31,912,166</u>	<u>\$ 2,880,460</u>	<u>\$ -</u>	<u>\$ 34,792,626</u>

#### **NOTE 4 - CERTIFIED INVESTMENTS**

Information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including all investments and cash held at June 30, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended June 30, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Trust Company N.A. (“Principal”), the trustee of the Plan.

#### **NOTE 5 - RISKS AND UNCERTAINTIES**

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

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

#### **NOTE 6 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

Certain Plan investments may be shares of money market funds managed by Principal. Principal is the trustee as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan to Principal, for investment management, of \$25,660 and \$22,847, were paid directly from Plan assets during the years ended June 30, 2025 and 2024, respectively.

#### **NOTE 7 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan’s provisions to the services employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

Calculations of the present value of accumulated Plan benefits under the Plan were made by the Plan’s actuary as of June 30, 2024 using the projected unit credit actuarial cost method. Significant actuarial assumptions used in the June 30, 2024 valuation were as follows:

Rate of Return:	6.25%
Discount Rate:	5.36%
Mortality:	RP-2014 Adj to 2006 with Scale MP-2021

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

accumulated Plan benefits were made as of July 1, 2024. Had the valuation been performed as of June 30, 2024, there would be no material differences.

#### **NOTE 8 - INCOME TAX STATUS**

The Internal Revenue Service has determined and informed the School by a letter dated August 5, 2011, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since the School received the opinion letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **NOTE 9 - PLAN TERMINATION**

Although it has not expressed any intent to do so, the School has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination or partial termination, the assets of the Plan will be distributed in accordance with Section 4044 of ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

#### **NOTE 10 - ADJUSTED FUNDING TARGET ATTAINMENT PERCENTAGE**

The Pension Protection Act of 2006 as amended by the Worker, Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The “At-Risk” status is referred to as the Funding Target Attainment Percentage. A plan’s funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (“AFTAP”). The June 30, 2025 AFTAP for the Plan is 112.74%. Because the Plan’s AFTAP exceeds 80%, the Plan is not subject to any benefit restrictions.

## **SUPPLEMENTAL SCHEDULES**

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
<b>Money market fund</b>			
	Allspring Govt Mm Fund - Instl	158,330	158,330
<b>Registered investment companies (mutual funds)</b>			
	Cohen & Steers Global Realty Fund Class I	345,009	371,384
	Vanguard 500 Index Fund	2,317,001	2,630,875
	Dws Rreef Real Assets - Inst	665,747	714,320
	Fidelity Ext Market In-Fai	948,154	1,090,618
	Fidelity Ttl Intl Indx-Ins	2,313,462	2,666,067
		<u>6,589,373</u>	<u>7,473,264</u>
<b>US Government Bonds:</b>			
	U.S. Treasury Bonds 4.125%	109,122	105,355
	U.S. Treasury Bonds 4.250%	411,446	401,515
	U.S. Treasury Bonds 4.500%	215,057	211,645
	U.S. Treasury Bonds 4.750%	165,400	158,550
	U.S. Treasury Bonds 4.625%	502,047	477,119
	U.S. Treasury Strips Z-Cpn	4,439,805	4,372,656
	U.S. Treasury Securities Stripped	2,718,724	2,707,228
	U.S. Treasury Bond	2,187,502	2,180,398
		<u>10,749,103</u>	<u>10,614,466</u>
<b>Corporate Bonds:</b>			
	Abbvie Inc 5.050%	109,768	112,384
	AERCAP Ireland	102,333	104,795
	Alexandria 2.950%	69,544	71,665
	Allstate Corp 4.200%	157,433	159,106
	Alphabet Inc 5.300%	113,370	112,601
	Amazon.Com Inc 2.500%	207,917	204,343
	Ameren Illinois Co 3.700%	208,617	209,816
	American Honda Mtn 5.850%	52,157	52,831

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
<b>Corporate Bonds (continued):</b>			
	Amgen Inc 2.300%	67,224	71,146
	Anheuser-Busch Inbev 5.450%	223,025	223,782
	Anthem Inc 4.100%	180,911	187,221
	Apple Inc 4.375%	352,016	348,975
	Ares Capital Corp 7.000%	25,419	25,795
	Arthur J Gallagher 5.150%	93,538	95,045
	Astrazeneca Plc 3.000%	53,593	53,831
	Avalonbay Cmnty Inc 5.350%	40,024	41,137
	Berkshire Hathaway 4.300%	153,031	154,112
	Borgwarner Inc 4.950%	44,962	45,653
	Bnp Paribas 3.052%	170,822	181,276
	Bp Cap Markets Ameri 2.721%	195,380	205,634
	Burlingtn North Sant 5.150%	196,470	196,939
	Cameron Lng Llc 2.902%	107,381	113,544
	Capital One Finl V-D 4.927%	113,369	115,842
	Centerpoint Energy 1.750%	81,566	87,061
	Chubb Ina Hodings 5.000%	121,470	122,260
	Cigna Corp 2.400%	82,194	86,689
	Cisco Systems Inc 5.050%	49,963	51,178
	Cisco Systems Inc 5.500%	142,115	144,610
	Comcast Corp 3.400%	278,537	277,680
	Comcast Corp 4.250%	93,488	96,627
	Commonwealth Edison 3.700%	156,284	158,137
	Conocophillips 5.300%	128,138	124,498
	Cons Edison Co Of Ny 4.450%	157,589	159,328
	Consumer Energy Co 5.050%	19,926	20,138
	Corebridge Financial 3.650%	142,984	144,423
	Cox Commun Inc 5.450%	83,377	86,552
	Cvs Health Corp 1.750%	130,062	138,293
	Deere & Company 3.100%	121,493	124,874
	Dte Electric Co 2.950%	238,354	240,526
	Duke Energy Indiana 3.750%	246,396	246,162
	Eli Lilly & Co 3.950%	77,545	76,229
	Energy Trans 5.250%	75,166	75,435
	Entergy Texas Inc 5.250%	114,534	115,938
	Enel Finance Int 3.500%	144,891	151,138
	Exxon Mobil Corporat 3.095%	64,344	63,421
	Florida Power & Ligh 4.050%	197,484	198,058

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
<b>Corporate Bonds (continued):</b>			
	GA Global Funding 5.500%	24,987	25,411
	General Dynamics Cor 4.250%	131,684	134,735
	General Motors Finl 4.300%	171,007	176,119
	Gilead Sciences Inc 4.000%	70,551	72,970
	Haleon Us Capital Ll 3.625%	223,955	233,895
	Hca Inc 5.200%	147,879	148,144
	Home Depot Inc 4.500%	181,883	180,121
	Honeywell Intl 5.250%	145,553	142,292
	Hyundai Cap Amer 5.680%	172,582	174,478
	Intel Corp 3.734%	91,869	88,185
	Intercontinentalexch 2.650%	132,048	137,659
	John Deere Cap Mtn 5.050%	114,190	116,953
	Johnson & Johnson 3.500%	168,397	168,012
	Kimberly-Clark Corp 3.900%	51,417	51,018
	Kimco Realty Corp 6.400%	132,139	136,033
	Kinder Morgan Inc 5.100%	46,245	45,918
	LPL Holdings Inc 5.200%	55,045	55,854
	Mars Inc 5.800%	92,847	94,837
	Mastercard Inc 3.650%	76,099	76,520
	Microsoft Corp 2.525%	262,039	256,458
	Midamerican Energy 4.250%	287,564	284,617
	Motorola Solutions 5.400%	54,525	56,092
	MPLX LP 5.400%	73,484	74,462
	National Rural Util 3.700%	10,745	10,627
	Norfolk Southern Corp 5.100%	19,966	20,101
	NSTAR Electric Co 5.200%	59,825	60,406
	New York Life In 3.750%	130,659	129,281
	O'Reilly Automotive 1.750%	132,952	141,991
	OGE Energy Corp 5.450%	126,078	126,296
	Omnicom Group Inc 2.600%	135,024	141,522
	Oncor Electric Deliv 3.800%	140,367	137,326
	Oracle Corp 6.500%	133,931	136,008
	Paypal Holdings Inc 5.150%	90,585	91,416
	Pepsico Inc 2.875%	66,232	65,680
	Philip Morris Intl 4.750%	68,876	70,515
	Pnc Bank Na 4.050%	142,605	148,820
	Prologis Lp 1.250%	126,102	125,318
	Prudential Financial 3.000%	92,469	94,578
	Pub Svc Elec & Gas 3.950%	212,690	214,029
	Realty Income Corp 5.125%	29,584	30,036

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
	<b>Corporate Bonds (continued):</b>		
	Simon Property Group 3.800%	194,367	195,700
	State Street V-D 5.159%	74,780	76,615
	Statoil Asa 3.950%	127,377	129,847
	T Mobile USA Inc 5.125%	29,965	30,594
	T Mobile USA Inc 5.150%	93,649	96,211
	Transcanada Pipeline 4.100%	53,395	53,865
	Travelers Cos Inc 4.050%	77,295	75,939
	United Parcel Servic 3.750%	130,569	129,207
	Unitedhealth Group 4.625%	287,226	289,728
	Ventas Realty LTD 5.100%	64,631	65,742
	Verizon Communicatio 4.400%	264,092	270,485
	VICI Properties LP 5.125%	59,590	60,074
	Virginia Elec & Pwr 5.300%	109,761	112,169
	Vr Bank Of America 2.087%	177,428	187,466
	Vr Citigroup Inc 2.666%	148,036	155,870
	Vr Goldman Sachs Gro 1.992%	267,812	285,833
	Vr Jpmorgan Chase & 3.882%	300,048	308,686
	Vr Manulife Financia 4.061%	60,349	62,282
	Vr Morgan Stanley 1.928%	80,347	85,499
	Vulcan Materials Co 5.350%	14,984	15,270
	Walmart Inc 4.500%	155,349	152,969
	Williams Cos Inc 4.625%	14,988	15,010
		13,398,918	13,606,522
	<b>Foreign Bonds:</b>		
	Bhp Billiton Fin 4.900%	117,668	120,464
	Pfizer Invt Enterpri 5.300%	212,116	207,682
	Siemens Funding 5.900%	87,065	88,046
	Toronto-Dom Mtn Conv 4.456%	80,103	83,435
	Totalenergies Cap 4.724%	74,534	74,516
		571,487	574,143
	<b>Asset Backed Securities:</b>		
	BMO Mort CMO 6.1951%	77,250	79,791
	Brean Asset CMO 4.750%	95,890	97,061
	Drive Auto 5.520%	109,980	110,130

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
	<b>Asset Backed Securities (continued):</b>		
	Exeter Automobi Abs 4.560%	228,922	229,216
	Exeter Automobi Abs 5.700%	280,952	283,265
	Exeter Automobi Abs 5.810%	139,961	142,908
	Exeter Automobi Abs 5.920%	245,566	249,653
	Gls Auto Receiv Abs 5.950%	219,815	224,497
	Gnma Ser 29 Cmo V-M 3.500%	148,860	152,359
	Golub Cap Abs 5.880%	250,000	250,743
	Houston Gall CMO 5.462%	100,000	102,602
	IRV Trust CMO 5.730	120,000	119,214
	Katayma Clo Abs V-Q Var Cpn	277,819	276,514
	Pagaya Ai Debt Abs 7.958%	56,962	57,270
	Santander Drive Abs 5.140%	114,990	116,005
	Santander Drive Abs 6.430%	534,929	539,334
	VR SFAVE Commercial 4.144%	390,656	390,672
		<u>3,392,553</u>	<u>3,421,234</u>
	Total investments, at fair value	<u>\$ 34,859,765</u>	<u>\$ 35,847,959</u>

The above information was prepared based on information certified by the trustee of the Plan.

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

For the year ended June 30, 2025

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>	<u>(f)</u>	<u>(g)</u>	<u>(h)</u>	<u>(i)</u>
Identity of <u>Party</u>	<u>Description of Assets</u>	Number of <u>Transactions</u>	Purchase <u>Price</u>	Selling <u>Price</u>	Cost of <u>Asset</u>	Current Value of Asset on Transaction <u>Date</u>	Net Gain/ <u>(Loss)</u>	
<u>Category (iii) -- series of transactions in excess of 5 percent of plan assets</u>								
Allspring Global	Gov Money Market Fund Institutional Class	277	3,854,457	4,022,403	7,876,860	7,876,860	-	
U.S. Treasury	Z-CPN 8/15/54	4	1,365,117	757,685	2,233,570	2,122,802	(110,768)	
U.S. Treasury	Z-CPN 2/15/54	10	-	2,709,204	2,709,204	2,709,204	-	

There were no category (i), (ii) or (iv) reportable transactions during the year  
The above information was prepared based on information certified by the trustee of the Plan.

**Headquarters**

280 Trumbull Street, 24th Floor  
Hartford, CT 06103  
860.522.3111

---

One Hamden Center  
2319 Whitney Avenue, Suite 3G  
Hamden, CT 06518  
203.397.2525

14 Bobala Road, 3rd Floor  
Holyoke, MA 01040  
413.536.3970

---

**WAdvising.com**

**Attachment to Schedule SB (2024 Form 5500)  
Line 26 - Schedule of Active Participant Data**

**The American School for the Deaf Defined Benefit Pension Plan  
EIN: 06-0667600 PN: 001**

Attained Age	Completed Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29																				
30 to 34																				
35 to 39																				
40 to 44			1				2		7											
45 to 49							2		3		7		2							
50 to 54							1		5		8		2							
55 to 59					1		1		1		8		4							
60 to 64									2		1		2							
65 to 69									1											
70 & up					1								1							

## Description of Actuarial Methods

### Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009 valuation.

### Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

## Description of Actuarial Assumptions

### Changes in Actuarial Assumptions as of July 1, 2024

The valuation reflects changes in the actuarial assumptions listed below. (The assumptions used before and after these changes are more fully described in the next section.)

- Mortality

With the exception of the valuation interest rate, the assumptions indicated were changed to represent the Enrolled Actuary's current best estimate of anticipated experience of the Plan.

### Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

<b>Corridor After ARPA</b>			
<u>Years</u>	<u>Corridor</u>	<u>Years</u>	<u>Corridor</u>
2020-2021	95% to 105% if not deferred	2020-2021	95% to 105% if not deferred
2022-2025	95%-105%	2022-2030	95%-105%
2026	90%-110%	2031	90%-110%
2027	85%-115%	2032	85%-115%
2028	80%-120%	2033	80%-120%
2029	75%-125%	2034	75%-125%
2030+	70%-130%	2035+	70%-130%

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

Valuation: Segment rates for the 4<sup>th</sup> month preceding the Valuation Date (i.e., March). The rates are shown below.

Segment	2024-2025		2023-2024	
	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
<b>1st</b>	4.64%	4.75%	2.50%	4.75%
<b>2nd</b>	5.12%	5.12%	3.83%	5.00%
<b>3rd</b>	5.10%	5.59%	4.06%	5.74%

**Interest Rates (cont.)**

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan’s maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan’s minimum required contribution and AFTAP for benefit restriction purposes.

PBGC premium: Valuation basis, before adjustment, last elected for the 2019 plan year.

**Expected Return for Asset Smoothing**

Year	Assumption	Not to Exceed
2024	6.25%	5.59%
2023	6.25%	5.74%
2022	6.25%	5.92%
2021	6.25%	6.11%
2020	6.25%	6.27%

The expected long-term rate of return on assets is estimated using the Plan Sponsor’s long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation.

**Mortality**

Pri-2012 Mortality Table projected to valuation date with an adjusted version of Scale MP-2021. Separate tables for annuitants and non-annuitants.

Prior: RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2021.

**Mortality Improvement**

Projected to date of decrement using an adjusted version of Scale MP-2021 (generational).

Prior: Projected to date of decrement using Scale MP-2021 (generational).

The mortality assumption above was updated to the latest approved table. The change in assumption decreased liabilities by about 1.5%.

**Inflation**

2.40%.

This assumption is consistent with the Social Security Administration's current best estimate of the ultimate long-term (75-year horizon) annual percentage increase in CPI, as published in the 2024 OASDI Trustees Report.

**Salary Scale (including inflation)**

N/A since the plan does not reflect compensation earned after June 30, 2021.

**Increases in IRC Sec. 401 (a)(17) compensation limit**

As required by law, no increases are assumed.

**Increases in IRC Sec. 415 (b) limit on benefits**

As required by law, no increases are assumed.

**Entry date**

Valuation date anniversary coincident with or next following completion of eligibility requirements (determined as if Plan had always been in effect).

**Retirement**

If eligible for Normal or Early Retirement:

Attained Age	Probability of Retirement
55-61	5.0%
62	20.0%
63-64	5.0%
65-69	75.0%
70+	100.0%

**Termination prior to retirement**

2 year select and ultimate.

Sample male rates:

Age	Service			
	0	1	2	3+
20	30.0%	30.0%	20.0%	10.0%
25	17.0	18.0	14.0	8.0
30	15.0	11.8	8.8	5.0
35	13.0	10.2	8.0	3.0
40	10.0	9.2	7.4	3.0
45	5.0	8.2	6.4	2.0
50	3.0	6.4	4.8	2.0
55	2.0	4.4	2.8	0.0

Sample female rates:

Age	Service			
	0	1	2	3+
20	33.0%	33.0%	22.0%	11.0%
25	18.7	19.8	15.4	8.8
30	16.5	13.0	9.7	5.5
35	14.3	11.2	8.8	3.3
40	11.0	10.1	8.1	3.3
45	5.5	9.0	7.0	2.2
50	3.3	7.0	5.3	2.2
55	2.2	4.8	3.1	0.0

The actuarial assumptions in regards to rates of decrement shown above are based on standard tables modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor.

**Disability**

Sample rates:

Age	Rate
25	0.04%
30	0.05%
35	0.06%
40	0.09%
45	0.14%
50	0.26%
55	0.46%
60	0.72%

**Administrative expenses**

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost.

**Percent of active employees married**

85% of males and 85% of females.

**Spouse's age**

Husbands are assumed to be 3 years older than wives.

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

For the year ended June 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party	Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)	
<u>Category (iii) -- series of transactions in excess of 5 percent of plan assets</u>								
Allspring Global	Gov Money Market Fund Institutional Class	277	3,854,457	4,022,403	7,876,860	7,876,860	-	
U.S. Treasury	Z-CPN 8/15/54	4	1,365,117	757,685	2,233,570	2,122,802	(110,768)	
U.S. Treasury	Z-CPN 2/15/54	10	-	2,709,204	2,709,204	2,709,204	-	

There were no category (i), (ii) or (iv) reportable transactions during the year  
The above information was prepared based on information certified by the trustee of the Plan.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**


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

<b>A</b> Name of plan THE AMERICAN SCHOOL FOR THE DEAF DEFINED BENEFIT PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAN SCHOOL FOR THE DEAF	<b>D</b> Employer Identification Number (EIN) 06-0667600	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	35,044,292	
<b>b</b> Actuarial value .....	<b>2b</b>	33,214,279	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	83	9,746,940	9,746,940
<b>b</b> For terminated vested participants .....	132	8,760,145	8,760,145
<b>c</b> For active participants .....	63	9,961,426	10,953,580
<b>d</b> Total .....	278	28,468,511	29,460,665
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.36%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	339,855	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	20,000	
<b>c</b> Target normal cost .....	<b>6c</b>	359,855	

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

<b>SIGN HERE</b>	 _____ Signature of actuary	_____ 01/13/2026 Date
	_____ Norman E. Yamamoto Type or print name of actuary	_____ 2304754 Most recent enrollment number
	_____ USI Consulting Group Firm name	_____ 860-521-8400 Telephone number (including area code)
	_____ 95 Glastonbury Boulevard Suite 102 Glastonbury CT 06033 Address of the firm	

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

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	7,632,747
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	688,508
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	6,944,239
<b>10</b> Interest on line 9 using prior year's actual return of <u>12.00%</u> .....	0	833,309
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40%</u> .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	7,777,548

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage .....	<b>14</b>	86.34%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	112.74%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	89.38%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>	<b>Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/31/2024	0	91,813				
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	91,813

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b> Quarterly contributions and liquidity shortfalls:		
<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
0	0	0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	359,855	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	4,023,934		431,256
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	791,111	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	791,111
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

**Attachment to 2024 Form 5500 Schedule SB  
Line 22 --Weighted Average Retirement Age**

**Plan Name**      The American School for the Deaf Defined Benefit Pension Plan  
**Sponsor's EIN**    060667600  
**Plan No.**         001

**Calculation of Weighted Average Retirement Age**  
*(ignoring other sources of terminations)*

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0500	1,000	50	2,750
56	0.0500	950	48	2,660
57	0.0500	903	45	2,572
58	0.0500	857	43	2,486
59	0.0500	815	41	2,403
60	0.0500	774	39	2,321
61	0.0500	735	37	2,242
62	0.2000	698	140	8,659
63	0.0500	559	28	1,760
64	0.0500	531	27	1,698
65	0.7500	504	378	24,580
66	0.7500	126	95	6,239
67	0.7500	32	24	1,584
68	0.7500	8	6	402
69	0.7500	2	1	102
70	1.0000	0	0	34
Total			1,000	62,493

**Weighted Average Retirement Age: (b) / (a) =                    62**

## Summary of Plan Provisions

*This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.*

### Effective date

Original Date: July 1, 1996.

Latest restatement: July 1, 2010

Latest amendment: December 31, 2017.

### Plan year

July 1 – June 30.

### Eligibility

Hired after December 31, 1992: Cannot be eligible for a benefit under the State Employees' Retirement System. Excludes substitute teachers, substitute residential advisors and seasonal employees.

### Participation

An employee becomes a plan participant on the January 1 or July 1 following age 21 and completion of one year of eligibility service.

Effective January 1, 2004, employees hired on or after January 1, 2004, in addition to the above eligibility requirements, must also contribute 5% of Base Pay to the plan.

Effective July 1, 2009, new hires are not eligible to participate in the plan.

### Year of eligibility service

An annual period commencing at date of hire during which an employee performs 50%\* or more of the full-time equivalent hours of service for the particular position.

### Year of vesting service

An annual period beginning on date of hire and ending on the date of termination. An Employee shall be credited with a number of Years of Vesting Service equal to the Employee's periods of vesting service expressed as the number of whole years and completed months within such period or periods. All periods of service shall be counted on the basis that 12 months of vesting service are equal to one whole year.

### Year of credited service

One year of credited service for any plan year in which 100% of the full-time equivalent hours of service for the applicable position is completed. Partial credit for 50%\* or more of the full-time equivalent hours of service, pro-rated and rounded to nearest one hundredth of a year. No credited service for less than 50%\* of the full-time equivalent hours of service. (If more than one position worked, percentages of full-time equivalent hours are summed.)

*\*Eligibility service, and some benefit credit, can be earned with 1,000 hours or more, if that is less than 50% of the full-time hours.*

### **Compensation (plan salary)**

Total wages and other amounts reported on Form W-2 for the plan year, and elective pre-tax salary reductions under IRC Sections 401(k), 403(b), or 125, but excluding payments on termination of employment, including, but not limited to, accrued vacation and sick pay and all payments received by the Employee under the Employer's 2017 Early Retirement Incentive Window Program. Compensation may not exceed 110% of base pay.

If employee is less than full time, actual rate of base pay as if employment was full time at equivalent periodic rate of compensation and adding taxable imputed income plus overtime. Compensation may not exceed 110% of full-time base pay.

Compensation is limited as required by law. No Compensation earned after June 30, 2021 will be considered in calculating pension benefits.

### **Base pay**

Salary payable for performance of services in primary position during the plan year, as annually established by the employer.

### **Average final compensation**

The average of compensation for the three plan years of employment during which compensation was the greatest while a participant. Average of entire period of employment if fewer than three years of employment.

### **Accrued benefit**

1.55% of average final compensation multiplied by years of credited service. The Accrued Benefit shall never be less than the Accrued Benefit derived from Participant Contributions.

### **Normal retirement**

Eligibility: Earlier of:

1. The date on which the participant attains age 65 if the participant has 5 years of vesting service.
2. The date on which the participant attains age 62 if the participant has 10 years of vesting service.
3. The date on which the participant attains age 60 if the participant has 25 years of vesting service.

Must have reached fifth anniversary of plan participation if at any time prior to such date the participant was an active participant in the state employees' retirement system.

Benefit: Accrued benefit as of normal retirement date.

### **Early retirement**

Eligibility: Attained age 55 and completed 10 years of vesting service.

Benefit: Accrued benefit as of early retirement date.

Reduction factors: 1/15 for each year by which benefit commencement precedes normal retirement.

### **Late retirement benefit**

Accrued benefit as of late retirement date.

### **Termination prior to retirement**

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

In any event, a participant shall always have a non-forfeitable right to his or her accrued benefit derived from employee contributions.

### **Death prior to retirement**

Eligibility: Completion of 5 years of vesting service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

### **Disability retirement**

Eligibility: Completion of 10 years of vesting service. Must meet Social Security definition of disability.

Benefit: 1.55% of average final compensation multiplied by the greater of the years of credited service participant would have at age 65 if participant continued to work the same schedule as of date of disability until age 65, maximum 30 years, or credited service as of disability retirement date.

Disability retirement date is first day of the month coincident with or next following date participant is deemed to have a disability. Benefit is payable as of disability retirement date.

Maximum disability benefit is lesser of:

1. 100% of base pay on date of disability, less payments made under Workers' Compensation, Federal Social Security disability and outside salary, or
2. 80% of base pay on date of disability, less payments made under Workers' Compensation and Federal Social Security disability.

Minimum disability benefit is 60% of base pay on date of disability less payments made under Workers' Compensation and Federal Social Security disability.

### **Form of benefit**

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75% or 50% joint and survivor annuity, or a life annuity guaranteed for the first 10 years, or a life annuity guaranteed for the first 20 years.

Automatic lump sum: Payable immediately, without participant's or spouse's consent, if the present value is \$5,000 or less, based on prescribed rates in effect for the May preceding first day of plan year in which distribution is made.

Lump sums will not be calculated until one break-in-service has occurred.

Optional lump sum: Participant may elect a lump sum if the present value of their retirement benefit is less than \$25,000.

### **Actuarial equivalence for optional forms**

Interest: 7.5% per year.

Mortality: Applicable mortality table for purposes of satisfying the requirements of Code Section 417(e)(3).

### **Cost-of-living increases**

None.

**Employee Contributions**

Eligible employees hired on or after January 1, 2004 are required to make Employee Contributions equal to 5.0% of base pay.

**Credited interest rate on employee on contributions**

120% of the Federal mid-term rate in effect on the first day of the Plan Year.

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
<b>Money market fund</b>			
	Allspring Govt Mm Fund - Instl	158,330	158,330
<b>Registered investment companies (mutual funds)</b>			
	Cohen & Steers Global Realty Fund Class I	345,009	371,384
	Vanguard 500 Index Fund	2,317,001	2,630,875
	Dws Rreef Real Assets - Inst	665,747	714,320
	Fidelity Ext Market In-Fai	948,154	1,090,618
	Fidelity Ttl Intl Indx-Ins	2,313,462	2,666,067
		<u>6,589,373</u>	<u>7,473,264</u>
<b>US Government Bonds:</b>			
	U.S. Treasury Bonds 4.125%	109,122	105,355
	U.S. Treasury Bonds 4.250%	411,446	401,515
	U.S. Treasury Bonds 4.500%	215,057	211,645
	U.S. Treasury Bonds 4.750%	165,400	158,550
	U.S. Treasury Bonds 4.625%	502,047	477,119
	U.S. Treasury Strips Z-Cpn	4,439,805	4,372,656
	U.S. Treasury Securities Stripped	2,718,724	2,707,228
	U.S. Treasury Bond	2,187,502	2,180,398
		<u>10,749,103</u>	<u>10,614,466</u>
<b>Corporate Bonds:</b>			
	Abbvie Inc 5.050%	109,768	112,384
	AERCAP Ireland	102,333	104,795
	Alexandria 2.950%	69,544	71,665
	Allstate Corp 4.200%	157,433	159,106
	Alphabet Inc 5.300%	113,370	112,601
	Amazon.Com Inc 2.500%	207,917	204,343
	Ameren Illinois Co 3.700%	208,617	209,816
	American Honda Mtn 5.850%	52,157	52,831

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
	<b>Corporate Bonds (continued):</b>		
	Amgen Inc 2.300%	67,224	71,146
	Anheuser-Busch Inbev 5.450%	223,025	223,782
	Anthem Inc 4.100%	180,911	187,221
	Apple Inc 4.375%	352,016	348,975
	Ares Capital Corp 7.000%	25,419	25,795
	Arthur J Gallagher 5.150%	93,538	95,045
	Astrazeneca Plc 3.000%	53,593	53,831
	Avalonbay Cmnty Inc 5.350%	40,024	41,137
	Berkshire Hathaway 4.300%	153,031	154,112
	Borgwarner Inc 4.950%	44,962	45,653
	Bnp Paribas 3.052%	170,822	181,276
	Bp Cap Markets Ameri 2.721%	195,380	205,634
	Burlington North Sant 5.150%	196,470	196,939
	Cameron Lng Llc 2.902%	107,381	113,544
	Capital One Finl V-D 4.927%	113,369	115,842
	Centerpoint Energy 1.750%	81,566	87,061
	Chubb Ina Hodings 5.000%	121,470	122,260
	Cigna Corp 2.400%	82,194	86,689
	Cisco Systems Inc 5.050%	49,963	51,178
	Cisco Systems Inc 5.500%	142,115	144,610
	Comcast Corp 3.400%	278,537	277,680
	Comcast Corp 4.250%	93,488	96,627
	Commonwealth Edison 3.700%	156,284	158,137
	Conocophillips 5.300%	128,138	124,498
	Cons Edison Co Of Ny 4.450%	157,589	159,328
	Consumer Energy Co 5.050%	19,926	20,138
	Corebridge Financial 3.650%	142,984	144,423
	Cox Commun Inc 5.450%	83,377	86,552
	Cvs Health Corp 1.750%	130,062	138,293
	Deere & Company 3.100%	121,493	124,874
	Dte Electric Co 2.950%	238,354	240,526
	Duke Energy Indiana 3.750%	246,396	246,162
	Eli Lilly & Co 3.950%	77,545	76,229
	Energy Trans 5.250%	75,166	75,435
	Entergy Texas Inc 5.250%	114,534	115,938
	Enel Finance Int 3.500%	144,891	151,138
	Exxon Mobil Corporat 3.095%	64,344	63,421
	Florida Power & Ligh 4.050%	197,484	198,058

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
	<b>Corporate Bonds (continued):</b>		
	GA Global Funding 5.500%	24,987	25,411
	General Dynamics Cor 4.250%	131,684	134,735
	General Motors Finl 4.300%	171,007	176,119
	Gilead Sciences Inc 4.000%	70,551	72,970
	Haleon Us Capital Ll 3.625%	223,955	233,895
	Hca Inc 5.200%	147,879	148,144
	Home Depot Inc 4.500%	181,883	180,121
	Honeywell Intl 5.250%	145,553	142,292
	Hyundai Cap Amer 5.680%	172,582	174,478
	Intel Corp 3.734%	91,869	88,185
	Intercontinentalexch 2.650%	132,048	137,659
	John Deere Cap Mtn 5.050%	114,190	116,953
	Johnson & Johnson 3.500%	168,397	168,012
	Kimberly-Clark Corp 3.900%	51,417	51,018
	Kimco Realty Corp 6.400%	132,139	136,033
	Kinder Morgan Inc 5.100%	46,245	45,918
	LPL Holdings Inc 5.200%	55,045	55,854
	Mars Inc 5.800%	92,847	94,837
	Mastercard Inc 3.650%	76,099	76,520
	Microsoft Corp 2.525%	262,039	256,458
	Midamerican Energy 4.250%	287,564	284,617
	Motorola Solutions 5.400%	54,525	56,092
	MPLX LP 5.400%	73,484	74,462
	National Rural Util 3.700%	10,745	10,627
	Norfolk Southern Corp 5.100%	19,966	20,101
	NSTAR Electric Co 5.200%	59,825	60,406
	New York Life In 3.750%	130,659	129,281
	O'Reilly Automotive 1.750%	132,952	141,991
	OGE Energy Corp 5.450%	126,078	126,296
	Omnicom Group Inc 2.600%	135,024	141,522
	Oncor Electric Deliv 3.800%	140,367	137,326
	Oracle Corp 6.500%	133,931	136,008
	Paypal Holdings Inc 5.150%	90,585	91,416
	Pepsico Inc 2.875%	66,232	65,680
	Philip Morris Intl 4.750%	68,876	70,515
	Pnc Bank Na 4.050%	142,605	148,820
	Prologis Lp 1.250%	126,102	125,318
	Prudential Financial 3.000%	92,469	94,578
	Pub Svc Elec & Gas 3.950%	212,690	214,029
	Realty Income Corp 5.125%	29,584	30,036

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b)Identity of Issue/Borrower, Lessor or Similar Party & (c)Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
<b>Corporate Bonds (continued):</b>			
	Simon Property Group 3.800%	194,367	195,700
	State Street V-D 5.159%	74,780	76,615
	Statoil Asa 3.950%	127,377	129,847
	T Mobile USA Inc 5.125%	29,965	30,594
	T Mobile USA Inc 5.150%	93,649	96,211
	Transcanada Pipeline 4.100%	53,395	53,865
	Travelers Cos Inc 4.050%	77,295	75,939
	United Parcel Serv 3.750%	130,569	129,207
	Unitedhealth Group 4.625%	287,226	289,728
	Ventas Realty LTD 5.100%	64,631	65,742
	Verizon Communicatio 4.400%	264,092	270,485
	VICI Properties LP 5.125%	59,590	60,074
	Virginia Elec & Pwr 5.300%	109,761	112,169
	Vr Bank Of America 2.087%	177,428	187,466
	Vr Citigroup Inc 2.666%	148,036	155,870
	Vr Goldman Sachs Gro 1.992%	267,812	285,833
	Vr Jpmorgan Chase & 3.882%	300,048	308,686
	Vr Manulife Financia 4.061%	60,349	62,282
	Vr Morgan Stanley 1.928%	80,347	85,499
	Vulcan Materials Co 5.350%	14,984	15,270
	Walmart Inc 4.500%	155,349	152,969
	Williams Cos Inc 4.625%	14,988	15,010
		13,398,918	13,606,522
<b>Foreign Bonds:</b>			
	Bhp Billiton Fin 4.900%	117,668	120,464
	Pfizer Invt Enterpri 5.300%	212,116	207,682
	Siemens Funding 5.900%	87,065	88,046
	Toronto-Dom Mtn Conv 4.456%	80,103	83,435
	Totalenergies Cap 4.724%	74,534	74,516
		571,487	574,143
<b>Asset Backed Securities:</b>			
	BMO Mort CMO 6.1951%	77,250	79,791
	Brean Asset CMO 4.750%	95,890	97,061
	Drive Auto 5.520%	109,980	110,130

**AMERICAN SCHOOL FOR THE DEAF  
DEFINED BENEFIT PENSION PLAN**

EIN: 06-0667600 Plan #001  
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (Continued)

June 30, 2025

(a)	(b)Identity of Issue/Borrower,Lessor or Similar Party & (c)Description of Investment Including Maturity Date,Rate of Interest, Collateral, Par or Maturity Value	(d)Cost	(e)Current Value
	<b>Asset Backed Securities (continued):</b>		
	Exeter Automobi Abs 4.560%	228,922	229,216
	Exeter Automobi Abs 5.700%	280,952	283,265
	Exeter Automobi Abs 5.810%	139,961	142,908
	Exeter Automobi Abs 5.920%	245,566	249,653
	Gls Auto Receiv Abs 5.950%	219,815	224,497
	Gnma Ser 29 Cmo V-M 3.500%	148,860	152,359
	Golub Cap Abs 5.880%	250,000	250,743
	Houston Gall CMO 5.462%	100,000	102,602
	IRV Trust CMO 5.730	120,000	119,214
	Katayma Clo Abs V-Q Var Cpn	277,819	276,514
	Pagaya Ai Debt Abs 7.958%	56,962	57,270
	Santander Drive Abs 5.140%	114,990	116,005
	Santander Drive Abs 6.430%	534,929	539,334
	VR SFAVE Commercial 4.144%	390,656	390,672
		<u>3,392,553</u>	<u>3,421,234</u>
	Total investments, at fair value	<u>\$ 34,859,765</u>	<u>\$ 35,847,959</u>

The above information was prepared based on information certified by the trustee of the Plan.

<b>Schedule SB, line 32 – Schedule of Amortizations Bases</b>				
<b>Date Established</b>	<b>Type of Base</b>	<b>Amortization Installment</b>	<b>Years Remaining</b>	<b>Present Value of Remaining Installments as of 7/1/2024</b>
7/1/2019	Shortfall	192,050	10	1,555,709
7/1/2020	Shortfall	3,494	11	30,424
7/1/2021	Shortfall	67,749	12	629,040
7/1/2022	Shortfall	(29,128)	13	(286,448)
7/1/2023	Shortfall	88,430	14	915,836
7/1/2024	Shortfall	108,661	15	1,179,373
<b>Total</b>		<b>431,256</b>		<b>4,023,934</b>