

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (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 PARISH EPISCOPAL SCHOOL 403(B) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(B) TDA PLAN
1b Three-digit plan number (PN) ▶ 001
1c Effective date of plan 01/01/1975
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PARISH EPISCOPAL SCHOOL 4101 SIGMA ROAD DALLAS, TX 75244
2b Employer Identification Number (EIN) 75-1390485
2c Plan Sponsor's telephone number 972-239-8011
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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	425
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	251
	6a(2)	266
	6b	
	6c	176
	6d	442
	6e	
	6f	442
	6g(1)	414
	6g(2)	429
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2G

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan THE PARISH EPISCOPAL SCHOOL 403(B) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(B) TDA PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PARISH EPISCOPAL SCHOOL		D Employer Identification Number (EIN) 75-1390485

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

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	365938	346	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	7651357
5	Current value of plan's interest under this contract in separate accounts at year end.....	653146
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 7065369
c	(1) Contributions deposited during the year	7c(1) 259837
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 309856
	(4) Transferred from separate account	7c(4) 1273907
	(5) Other (specify below)..... ▶ PLAN SERVICING CREDIT	7c(5) 42623
	(6) Total additions	7c(6) 1886223
d	Total of balance and additions (add lines 7b and 7c(6))	7d 8951592
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 657082
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 581125
	(4) Other (specify below)..... ▶ PLAN SERVICE FEE	7e(4) 62028
(5) Total deductions	7e(5) 1300235	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 7651357

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan THE PARISH EPISCOPAL SCHOOL 403(B) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(B) TDA PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARISH EPISCOPAL SCHOOL	D Employer Identification Number (EIN) 75-1390485	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

TIAA - TEACHERS INSURANCE AND ANNUI

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(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?
37 64 65	RECORDKEEPER	48323	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PLANPILOT, LLC

223 W JACKSON BLVD
SUITE 800
CHICAGO, IL 60606-6913

45-4168388

(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?
16 26	ADVISOR	34671	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)

WHITLEY PENN LLP

1400 W 7TH STREET
SUITE 400
FORTH WORTH, TX 76102-2628

75-2393478

(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?
10	AUDITOR	23349	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>THE PARISH EPISCOPAL SCHOOL 403(B) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(B) TDA PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PARISH EPISCOPAL SCHOOL</u>	D Employer Identification Number (EIN) <u>75-1390485</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>653146</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan THE PARISH EPISCOPAL SCHOOL 403(B) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(B) TDA PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PARISH EPISCOPAL SCHOOL	D Employer Identification Number (EIN) 75-1390485

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	486295
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	670362
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27804774
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7065369
(15) Other.....	1c(15)	540903
		653146
		31458888
		7651357

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	36026800	40304294
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	36026800	40304294

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1080505	
(B) Participants.....	2a(1)(B)	1485028	
(C) Others (including rollovers).....	2a(1)(C)	296149	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2861682
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	48340	
(F) Other.....	2b(1)(F)	309856	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		358196
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	656572	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		656572
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		13366
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2998273
c Other income	2c		38854
d Total income. Add all income amounts in column (b) and enter total	2d		6926943

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2013777	
(2) To insurance carriers for the provision of benefits	2e(2)	526000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2539777
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	48323	
(4) IQPA audit fees	2i(4)	23349	
(5) Investment advisory and investment management fees	2i(5)	34671	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3329	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		109672
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2649449

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4277494
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WHITLEY PENN LLP

(2) EIN: 75-2393478

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>THE PARISH EPISCOPAL SCHOOL 403(B) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(B) TDA PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PARISH EPISCOPAL SCHOOL</u>	D Employer Identification Number (EIN) <u>75-1390485</u>	

Part I	Distributions
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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
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-1624203 51-6559589

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A.

REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator of the
Parish Episcopal School 403(b) DC Plan and Parish Episcopal School 403(b) TDA Plan

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

We have performed audits of the financial statements of Parish Episcopal School 403(b) DC Plan and Parish Episcopal School 403(b) TDA 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, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (“financial statements”).

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

Management has obtained certifications from 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 F to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note C to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America ("GAAP") require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matters – Supplemental Schedule Required by ERISA

The supplemental schedule of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended June 30, 2025, is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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.

Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not, express an opinion on this supplemental schedule.

Whitley Penn LLP

Dallas, Texas
January 21, 2026

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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, the first return/report, the final return/report, an amended return/report, a short plan year return/report. 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. 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 Parish Episcopal School 403(b) DC Plan and Parish Episcopal School 403(b) TDA Plan. 1b Three-digit plan number (PN): 001. 1c Effective date of plan: 01/01/1975. 2a Plan sponsor's name (employer, if for a single-employer plan): PARISH EPISCOPAL SCHOOL. 2b Employer Identification Number (EIN): 75-1390485. 2c Plan Sponsor's telephone number: 972-239-8011. 2d Business code (see instructions): 611000.

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: SIGN HERE, Mark Kirkpatrick, 4/21/26, MARK KIRKPATRICK. Row 2: SIGN HERE, Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: SIGN HERE, Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

**Years Ended June 30, 2025 and 2024
with Report of Independent Auditors**

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

Years Ended June 30, 2025 and 2024

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**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN
AND PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30,	
	2025	2024
Assets		
Investments, at fair value (notes D and E)	\$ 37,314,520	\$ 33,692,685
Investments, at contract value (note D)	2,448,871	1,847,820
Notes receivable from participants (note A)	540,903	486,295
Total assets	40,304,294	36,026,800
Net assets available for benefits	\$ 40,304,294	\$ 36,026,800

Please see accompanying notes to financial statements.

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN
AND PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended June 30,	
	2025	2024
	<u> </u>	<u> </u>
Additions to Net Assets		
Investment income:		
Net realized and unrealized gains on investments	\$ 3,267,708	\$ 3,891,675
Interest and dividends	710,358	558,277
Total investment income	<u>3,978,066</u>	<u>4,449,952</u>
Interest income from notes receivable from participants	48,339	23,133
Contributions:		
Participant	1,485,028	1,402,506
Employer	1,080,504	1,004,062
Rollover	296,149	187,657
Total contributions	<u>2,861,681</u>	<u>2,594,225</u>
Other income	<u>38,854</u>	<u>30,870</u>
Total additions to net assets	6,926,940	7,098,180
Deductions from Net Assets		
Benefits paid to participants	2,539,777	2,714,606
Expenses	109,669	99,317
Total deductions from net assets	<u>2,649,446</u>	<u>2,813,923</u>
Net increase in net assets available for benefits	4,277,494	4,284,257
Net assets available for benefits at beginning of year	<u>36,026,800</u>	<u>31,742,543</u>
Net assets available for benefits at end of year	<u><u>\$ 40,304,294</u></u>	<u><u>\$ 36,026,800</u></u>

Please see accompanying notes to financial statements.

PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

A. Description of the Plan

General

Parish Episcopal School (the “School” or the “plan administrator”) sponsors the Parish Episcopal School 403(b) DC Plan and Parish Episcopal School 403(b) TDA Plan (the “Plan”) which is a 403(b) plan for employees. The Plan was effective January 1, 1998, most recently restated effective December 21, 2017 and July 1, 2025. All full-time employees, with greater than 20 hours per week, are eligible to participate in the Plan. Once over the age of 21, employees are eligible to receive employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. The purpose of the Plan is to encourage the School’s employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of death.

Contributions

Participants may make contributions up to 100% of pretax annual compensation, as defined by the Plan, which effective January 1, 2016, are matched by the School up to a flat 5% for all employees with less than 10 years of service, 6% for all employees with between 10 and 15 years of service, 7% for all employees between 15 and 20 years of service, and up to 8% for employees with more than 20 years of service.

Total contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (the “Code”) as defined in the Plan document. These contributions are funded into the Plan at each payroll funding date.

The School may also make discretionary contributions to the Plan. No discretionary contributions were made to the Plan for the years ended June 30, 2025 and 2024.

Eligible participants may make a rollover contribution to the Plan from other qualified plans. Participants direct contributions into the Plan by selecting various investment options offered by the Plan.

Participants Accounts

Each participant’s account is credited with the participant’s contributions and allocations of the School’s contributions and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit than can be provided from the participant’s vested account.

PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

A. Description of the Plan – continued

Vesting

Participants are 100% immediately vested in their contributions and the School's contributions plus actual earnings thereon.

Notes Receivable from Participants

Prior to May 8, 2021, loans to participants were made from the Teachers Insurance and Annuity Associations of America ("TIAA") and College Retirement Equities Fund ("CREF"), collectively ("TIAA and CREF"), the Plan's custodian, and are secured by the participant's individual account balance, which are Plan assets. These loans to participants are not reflected in the accompanying financial statements, as the loan agreements are between the participant and TIAA and CREF. Principal and interest is paid by the participants directly to TIAA and CREF. Plan assets of \$9,702 and \$23,724 were pledged as collateral on Plan notes receivable as of June 30, 2025 and 2024, respectively.

Effective May 8, 2021, the contractual obligation of new loans to participants was changed. The loan is now funded directly from a participant's account and a corresponding note receivable is recorded as a Plan asset. The loan is secured by the participant's account balance. Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range up to five years or longer for the purchase of a primary residence. The loans bear interest at a fixed rate of prime plus 1%. As of June 30, 2025 and 2024, the interest rates on the loans ranged from 4.25% to 9.50%, for both fiscal years. Principal and interest is paid by the participant back to their account and the note receivable is reduced by the principal payment.

Payment of Benefits

Participants withdrawing during the year for reasons of service or disability, retirement, death, or termination are entitled to their account balance. Benefits are distributed in the form of rollovers, lump sum, or annuity contract payments. Participants may also take partial distributions and installment payments as defined by the Plan document. Effective December 21, 2017, account balances of terminated participants that are less than \$5,000 are automatically distributed. Effective October 4, 2024, the threshold for automatic distribution was increased to \$7,000.

Certain in-service withdrawals are allowed. A participant may also elect to withdraw all or a portion of their vested account balance while employed after reaching age 59 ½. A participant may receive a hardship distribution if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, their spouse or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from their principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) for payment of funeral expenses of the participant, their spouse, dependents or beneficiary; or (6) for payment to repair the principal residence.

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

NOTES TO FINANCIAL STATEMENTS (*continued*)

A. Description of the Plan – continued

Plan Expenses

Employees of the School perform certain administrative functions with no compensation from the Plan. All significant administrative expenses are paid by the plan administrator and are not reflected in the accompanying financial statements. Other expenses are primarily investment advisory fees paid by the Plan.

B. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”), except for the contracts excluded under the Department of Labor’s (“DOL”) Field Assistance Bulletin No.2009-02, *Annual Reporting Requirements for 403(b) Plans*. See Note C.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Contributions

Contributions are accrued as they become obligations of the School, as determined by the plan administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

NOTES TO FINANCIAL STATEMENTS (*continued*)

A. Description of the Plan – continued

Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value (except for fully-benefit responsive investment contracts, which are reported at contract value) as of the end of the Plan year and are subject to market or credit risks customarily associated with these types of investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and requires disclosures about assets and liabilities measured at fair value. For information related to the Plan's valuation methodologies, see Note E of these financial statements.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are recorded at the unpaid principal balance plus accrued but unpaid interest.

Payment of Benefits

Benefits are recorded when paid.

Revenue Sharing Credit Account

Certain administrative costs and expenses of the Plan are paid by the School at its discretion and, if not paid by the School, shall be paid by the Plan. Loan recordkeeping fees are paid by the participants. In situations where recordkeeping revenue earned by the Plan's record keeper in connection with plan services exceeds agreed-upon compensation, TIAA and CREF will deposit any excess revenue, regardless of source, in a plan-level suspense account (Revenue Credit Account) in the Plan. The named fiduciary or plan administrator can then direct TIAA and CREF to pay qualified plan-level expenses or allocate unused credit to eligible participants via funds from this Revenue Credit Account. It is the Plan's policy to record the receipt of such credits as a reduction of Plan expenses. As of June 30, 2025 and 2024, the ending balance of the revenue sharing credit account was \$18,997 and \$35,471, respectively.

PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

C. Excluded Investments and Activity

The Plan has excluded from investments in the accompanying financial statements certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying financial statements. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. GAAP requires these accounts and the related income and distributions to be included in the accompanying financial statements.

D. Investments

TIAA Access and CREF investments are variable annuities which consist of underlying investment portfolios whose value is calculated daily based upon quoted market prices of the underlying assets. These investments are classified as registered investment companies within the Plan's financial statements and Form 5500.

The TIAA Traditional Annuity investment is an unallocated fixed-dollar annuity contract, that is fully and unconditionally guaranteed by TIAA, a New York domiciled non-profit legal reserve life insurance company, that is credited with Plan contributions and earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by TIAA. The TIAA Traditional Annuity is offered to participants through a variety of annuity contracts.

The type of contract through which a participant allocates contributions to the TIAA Traditional Annuity investment determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional amounts paid, the degree of liquidity of the participant's account, and the options for receiving income upon retirement. The minimum guaranteed interest rate varies by contract and depends on the date the contract was established for a participant's account. Accounts generally have a minimum guaranteed interest rate of 3%, but some contracts are between 1% and 3%. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees. The interest rate credited to the contracts ranged from 5.00% to 5.50% for the year ended June 30, 2025 and 5.50% to 5.75% for the year ended June 30, 2024.

The TIAA Traditional Annuity investment held by the Plan contains certain contract types that impose liquidity restrictions on redemptions from the fixed-dollar annuity contract which could impact the value realized upon exiting the contract. Participants should refer to the Plan agreement for a more complete description of the Plan's liquidity restriction provisions.

Based on the type of annuity contract through which the participant allocates contributions to the TIAA Traditional Annuity results in the investment contract to be fully-benefit responsive or non-benefit responsive. The fully-benefit responsive contract is reported at contract value in the accompanying statements of net assets available for benefits. The non-benefit responsive contract is reported at fair value (see Note E).

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

NOTES TO FINANCIAL STATEMENTS (*continued*)

D. Investments – continued

The TIAA-CREF mutual fund account is a registered open-end investment company (“mutual funds”) that invests in a diversified portfolio of equity and/or fixed-income securities and is valued at net asset value.

The Plan also invests in the TIAA Real Estate Account which is an insurance company separate account of TIAA which primarily invests in real estate and real estate-related investments. This investment is a pooled separate account and is reported at fair value. The investment restricts transfers out of the account to one time per calendar year quarter.

E. Fair Value Measurements

GAAP defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. Accordingly, valuation techniques that maximize the use of observable inputs are favored. The Plan uses a market approach for the fair value measurements and endeavors to use the best information available.

The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined by GAAP are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.
- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

NOTES TO FINANCIAL STATEMENTS (*continued*)

E. Fair Value Measurements – continued

GAAP requires that the methodologies used to measure the fair value of assets and liabilities be described. The methodologies used to measure each major category of investments are described below. There have been no changes in the methodologies used at June 30, 2025 and 2024.

- The investments in the registered investment companies consist of investments in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. The investments are valued using market quotations or prices obtained from independent pricing sources with various pricing methods to value the investments including matrix pricing. The fair value is based on the Net Asset Value ("NAV") as of the close of each business day. These investments are classified within Level 1 or 2 of the valuation hierarchy based on whether the investment is actively traded. There are no significant restrictions on redeeming these investments at net asset value.
- The pooled separate account invests in real estate and real estate-related investments. The value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued using external appraisals, which are estimates of property values based on a professional's opinion. The fair value is based on the NAV as of the close of each business day which can be found on active markets. This investment is classified within Level 1 of the valuation hierarchy. There are no significant restrictions on redeeming these investments at net asset value.
- The non-benefit responsive fixed-dollar annuity contract is measured based on information reported by TIAA using credit ratings of the underlying portfolio based on insurance contracts. The contract is reported at contract value which approximates fair value and is classified within Level 3 of the valuation hierarchy.

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

NOTES TO FINANCIAL STATEMENTS (continued)

E. Fair Value Measurements – continued

The following table presents the fair value hierarchy for assets measured at fair value, on a recurring basis, as of June 30, 2025.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$28,184,747	\$3,274,141	\$ -	\$31,458,888
Pooled separate account	653,146	-	-	653,146
Fixed-dollar annuity contract	-	-	\$5,202,486	5,202,486
Total investments at fair value	<u>\$28,837,893</u>	<u>\$3,274,141</u>	<u>\$5,202,486</u>	<u>\$37,314,520</u>

The following table presents the fair value hierarchy for assets measured at fair value, on a recurring basis, as of June 30, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$24,423,873	\$3,380,901	\$ -	\$27,804,774
Pooled separate account	670,362	-	-	670,362
Fixed-dollar annuity contract	-	-	5,217,549	5,217,549
Total investments at fair value	<u>\$25,094,235</u>	<u>\$3,380,901</u>	<u>\$5,217,549</u>	<u>\$33,692,685</u>

The table below reflects a summary of the changes in the fair value of the Plan's Level 3 asset for the years ended June 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Balance, beginning of year	\$ 5,217,549	\$ 5,086,492
Interest credited	49,790	67,547
Realized and unrealized gain, net	173,238	166,423
Contributions	74,751	113,108
Fees	(2,884)	(4,154)
Distributions	(535,422)	(246,160)
Fund transfers	225,464	34,293
Balance, end of year	<u>\$ 5,202,486</u>	<u>\$ 5,217,549</u>

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

NOTES TO FINANCIAL STATEMENTS (continued)

E. Fair Value Measurements – continued

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

The following table presents additional information about valuation methodologies and unobservable inputs used for the investment measured at fair value and categorized within Level 3 as of June 30, 2025 and 2024:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Fixed-dollar annuity contract	\$5,202,486 (2025)	Discounted Cash Flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	*RA – 3.65% – 6.50% ***GRA – 3.65% – 6.50% ••RC – 3.90% – 6.75%
Fixed-dollar annuity contract	\$5,217,549 (2024)	Discounted Cash Flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	*RA – 4.00% – 6.75% ***GRA – 4.00% – 6.75% ••RC – 4.25% – 7.00%
		*Retirement Annuity	***Group Retirement Annuity	••Retirement Choice

F. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at June 30, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended June 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by FSB, TIAA and CREF, (the custodian of the Plan).

PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

G. Tax Status

Prior to December 21, 2017, the Plan had been designed to qualify under Section 403(b) of the Code and therefore, was not eligible to receive a determination letter from the Internal Revenue Service (“IRS”). Effective December 21, 2017, the Plan was amended and restated by the adoption of the TIAA Volume Submitter 403(b) Plan which has a favorable advisory letter from the IRS dated August 7, 2017. This advisory letter states that the form of the volume submitter plan is acceptable under Section 403(b) of the Code. The Plan may rely on this letter with respect to the qualification of the Plan under Code Section 403(b) with certain limitations.

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification under Section 403(b). The plan administrator believes that the Plan is currently operating in accordance with the applicable requirements of Section 403(b) of the Code and therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

H. Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in units of registered investment companies, fixed-dollar annuity contracts, and a pooled separate account, which are managed by TIAA and CREF who acts as custodian. Transactions in such investments, as well as loans made to participants, qualify as party in interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

I. Plan Termination

Although it has not expressed any intention to do so, the School has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN AND
PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

NOTES TO FINANCIAL STATEMENTS *(continued)*

J. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

K. Subsequent Events

In preparing the Plan's financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through January 21, 2026, the date the financial statements were available for issuance.

Effective July 1, 2025, the Plan was amended and restated to change the name of the Plan from the Parish Episcopal School 403(b) DC Plan and Parish Episcopal School 403(b) TDA Plan to the Parish Episcopal School Defined Contribution Plan. The Plan also added a Roth deferral contribution feature for employees with an effective date of September 1, 2025.

SUPPLEMENTAL SCHEDULE

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN
AND PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2025

EIN: 75-1390485

Plan #: 001

(a)	(b) Identity of issuer, 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
*	TIAA-CREF Mutual Funds	Vanguard 500 Idx Adm	**	\$ 5,474,171
*	TIAA	TIAA Traditional Non Benefit Responsive	**	4,229,645
*	TIAA-CREF Mutual Funds	American EuroPac Growth R6	**	3,457,815
*	CREF	CREF Stock R1	**	2,907,554
*	CREF	CREF Growth R1	**	2,646,945
*	TIAA-CREF Mutual Funds	American Fd New Perspective R6	**	2,009,638
*	CREF	CREF Equity Index R1	**	1,872,237
*	CREF	CREF Global Equities R1	**	1,525,937
*	TIAA	TIAA Traditional Benefit Responsive 2	**	1,517,024
*	TIAA-CREF Mutual Funds	Putnam Large Cap Value Fund R6	**	1,396,220
*	TIAA	TIAA Traditional Non Benefit Responsive 2	**	957,409
*	TIAA	TIAA Traditional Benefit Responsive	**	931,847
*	TIAA-CREF Mutual Funds	Vanguard Small-Cap Idx Adm	**	713,213
*	TIAA-CREF Mutual Funds	PIMCO High Yield Institutional	**	669,956
*	TIAA-CREF Mutual Funds	AB Large Cap Growth Fund Adv	**	667,327
*	CREF	CREF Core Bond R1	**	656,524
*	Pooled Separate Account	TIAA Real Estate	**	653,146
*	CREF	CREF Social Choice R1	**	607,022
*	TIAA-CREF Mutual Funds	PIMCO Intl Bd USDolHed Inst	**	570,048
*	TIAA	TIAA Access Nuv LifCyc 2040 T4	**	464,298
*	CREF	CREF Money Market R1	**	434,623
*	TIAA	TIAA Access Nuv Intl Equity T4	**	404,618
*	TIAA-CREF Mutual Funds	Vanguard Mid-Cap Idx Adm	**	351,081
*	TIAA-CREF Mutual Funds	PIMCO Income Fd Institutional	**	327,325
*	TIAA-CREF Mutual Funds	Vanguard Infl Protect Sec Adm	**	308,455
*	TIAA	TIAA Access Nuv LifCyc 2035 T4	**	303,076
*	CREF	CREF Inflation-Linked Bond R1	**	275,158
*	TIAA	TIAA Access Nuv Lrg Cap Val T4	**	251,193
*	TIAA	TIAA Access Nuv LifCyc 2045 T4	**	227,636
*	TIAA	TIAA Access Nuv Core Equity T4	**	204,945
*	TIAA-CREF Mutual Funds	Baird Aggregate Bond Inst	**	193,472
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4	**	190,607
*	TIAA-CREF Mutual Funds	Principal Real Estate Sec Inst	**	171,443
*	TIAA-CREF Mutual Funds	Principal Mid Cap Fund Cl R6	**	166,871
*	TIAA-CREF Mutual Funds	EatonVanceEmergingMrktsLclIncl	**	166,737
*	TIAA	TIAA Access Nuv LifCyc 2050 T4	**	164,107
*	TIAA-CREF Mutual Funds	Allspring Spec MidCap Val Inst	**	155,181
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4	**	151,189
*	TIAA	TIAA Access Nuv LgCp Res Eq T4	**	143,525
*	TIAA	TIAA Access Nuv RIEstSecSel T4	**	135,364

**PARISH EPISCOPAL SCHOOL 403(b) DC PLAN
AND PARISH EPISCOPAL SCHOOL 403(b) TDA PLAN**

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)

June 30, 2025

EIN: 75-1390485

Plan #: 001

(a)	(b) Identity of issuer, 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
*	TIAA-CREF Mutual Funds	Parnassus Core Equity Inst	**	\$ 129,754
*	TIAA-CREF Mutual Funds	Macquarie Small Cap Val Instl	**	119,956
*	TIAA	TIAA Access Nuv Mid Cap Grw T4	**	112,659
*	TIAA	TIAA Access Nuv Mid Cap Val T4	**	109,063
*	TIAA	TIAA Access Nuv Sm Cp B1 Ix T4	**	90,479
*	TIAA	TIAA Access Nuv LifCyc 2025 T4	**	61,897
*	TIAA	TIAA Access Nuv LifCyc 2030 T4	**	60,027
*	TIAA-CREF Mutual Funds	PIMCO Total Return Instl	**	59,424
*	TIAA-CREF Mutual Funds	Nuveen Core Impact Bond R6	**	59,275
*	TIAA	TIAA Access Nuv LifCyc 2055 T4	**	59,159
*	TIAA-CREF Mutual Funds	Invesco Developing Markets Y	**	54,786
*	TIAA	TIAA Access Nuv Equity Idx T4	**	46,739
*	TIAA	TIAA Access Nuv Core Pl Bd T4	**	37,758
*	TIAA-CREF Mutual Funds	Vanguard Federal Money Mkt Inv	**	36,599
*	TIAA	TIAA Access Nuv LifCyc 2015 T4	**	21,328
*	TIAA	TIAA Access Nuv LifCyc 2020 T4	**	20,421
*	TIAA	Plan Loan Default Fund	**	15,432
*	TIAA	TIAA Access Nuv LifCyc 2060 T4	**	14,053
*	Participant Loans	Interest rates of 4.25% - 9.50% with various due dates	-	540,903
				<u>\$ 40,304,294</u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments