

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2026	THOMAS STANTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2026	THOMAS STANTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 165
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 7 6a(2) 5 6b 117 6c 32 6d 154 6e 6f 154 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I

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

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRINITY EPISCOPAL SCHOOL CORPORATION	D Employer Identification Number (EIN) 13-5563003	

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

(a) Name of insurance carrier
TEACHERS INSURANCE AND ANNUITY ASSOCIATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	U-R840	154	09/01/2024	08/31/2025

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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	4619783
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

5216220

c Additions: (1) Contributions deposited during the year**7c(1)**

0

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

193030

(4) Transferred from separate account

7c(4)

0

(5) Other (specify below).....

7c(5)

0

(6) Total additions

7c(6)

193030

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

5409250

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

789467

(2) Administration charge made by carrier.....

7e(2)

0

(3) Transferred to separate account

7e(3)

0

(4) Other (specify below).....

7e(4)

0

(5) Total deductions

7e(5)

789467

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

4619783

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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 09/01/2024 and ending 08/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRINITY EPISCOPAL SCHOOL CORPORATION	D Employer Identification Number (EIN) 13-5563003
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 09 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	5216220	
b	Actuarial value	2b	5216220	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	121	4059961	4059961
b	For terminated vested participants	37	1192356	1192356
c	For active participants	7	131110	131110
d	Total	165	5383427	5383427
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.31 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

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

SIGN HERE	Signature of actuary CLARK GOOD Type or print name of actuary ERNST & YOUNG(SUBCONTRACT OF TIAA) Firm name 2323 VICTORY AVE. STE 2000 DALLAS, TX 75219 Address of the firm	04/23/2026 Date 26-07231 Most recent enrollment number 214-969-9755 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	25544	192849
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	25544	5138
9 Amount remaining (line 7 minus line 8)	0	187711
10 Interest on line 9 using prior year's actual return of <u>4.43</u> %	0	8316
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.04</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	196027

Part III Funding Percentages

14 Funding target attainment percentage	14	93.25 %
15 Adjusted funding target attainment percentage	15	93.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.19 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.07 %	2nd segment: 5.33 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	363234	38854	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	38854	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	42406	42406
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- b

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

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

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

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

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

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

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

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

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

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

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:	PATRICK ARNETT	b EIN:	13-1624203
c Position:	ACTUARY		
d Address:	TIAA CREF 8000 NORMAN CENTER DRIVE SUITE 650 BLOOMINGTON, MN 55437	e Telephone:	952-830-3144

Explanation: TRANSFERRED SIGNING AUTHORITY TO ANOTHER FIRM WITH A DIFFERENT ACTUARY

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5216220	4619783
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5216220	4619783
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	5216220	4619783

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)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	193030	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		193030
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		193030

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	789467	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		789467
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		789467

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-596437
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EISNER AMPER, LLP

(2) EIN: 87-1363769

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 574807.



TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN

FINANCIAL STATEMENTS

AUGUST 31, 2025 and 2024
(with supplemental information)

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	Year Ended August 31,	
	2025	2024
Additions:		
Interest	\$ 193,030	\$ 230,892
Employer contributions	-	33,237
Total additions	<u>193,030</u>	<u>264,129</u>
Deductions:		
Benefits paid to participants	<u>789,467</u>	<u>533,672</u>
Decrease in net assets available for benefits	(596,437)	(269,543)
Net assets available for benefits - beginning of year	<u>5,216,220</u>	<u>5,485,763</u>
Net assets available for benefits - end of year	<u>\$ 4,619,783</u>	<u>\$ 5,216,220</u>

See accompanying notes to financial statements.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

**Statement of Accumulated Plan Benefits
August 31, 2024**

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$ 4,474,834

Other participants

1,430,523

Actuarial present value of accumulated plan benefits

\$ 5,905,357

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Statement of Changes in Accumulated Plan Benefits Year Ended August 31, 2024

Actuarial present value of accumulated plan benefits - beginning of year	<u>\$ 6,251,991</u>
Changes during the year attributable to:	
Accrual of interest	268,331
Benefits paid	(533,672)
Changes in actuarial assumptions	-
Other	<u>(81,293)</u>
Net decrease	<u>(346,634)</u>
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 5,905,357</u>

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements August 31, 2025 and 2024

NOTE A - DESCRIPTION OF THE PLAN

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

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

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

[1] Effective date:

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

[2] Status of the Plan:

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

[3] Retirement benefits:

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

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

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

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements
August 31, 2025 and 2024

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[3] Retirement benefits: (continued)

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

[4] Death benefits:

The Plan provides for certain death benefits under the terms of the Plan equal to the value of the employee's accumulated pension benefit as further defined by the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of presentation:

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

[2] Use of estimates:

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

[3] Valuation of investment and income recognition:

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

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

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

[4] Actuarial present value of accumulated benefits:

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

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements
August 31, 2025 and 2024

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

The significant assumptions underlying the actuarial computations as of August 31, 2024 were as follows:

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

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

The computation of the actuarial present value of accumulated benefits were made as of September 1, 2024. Had the valuations been performed as of August 31, 2024, there would be no material differences.

[5] Payment of benefits:

Benefits are recorded when paid to participants.

[6] Administrative expenses:

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

[7] Subsequent events:

The Plan has evaluated subsequent events through June 12, 2026, the date at which the financial statements were available to be issued.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements August 31, 2025 and 2024

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TIAA and CREF have certified the completeness and accuracy of all investments and related investment activity in the accompanying statements of net assets available for benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the accompanying supplemental schedule of assets (held at end of year) as of August 31, 2025.

NOTE D - FUNDING POLICY

The Plan's funding policy is for the School to contribute an amount that will meet or exceed the annual ERISA minimum-funding requirement. During the year ended August 31, 2025, the School did not make contributions to the Plan. During the year ended August 31, 2024, the School made contributions of \$33,237, which exceeded the minimum funding requirements of ERISA.

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

NOTE E - PROVISIONS OF THE PENSION PROTECTION ACT

The Pension Protection Act of 2006, as amended (the "Act"), includes many provisions and numerous revisions to rules surrounding defined-benefit plans, including rules that govern plan funding. The Act establishes minimum funding standards for defined-benefit plans and limited benefit increases and accruals for underfunded plans. Pursuant to the Act, each year the actuaries are required to certify to the Plan's funded percentage. The Plan received such certification using the Adjusted Funding Target Attainment Percentage ("AFTAP"), which is one way of measuring the funded status of a Plan, using actuarial assumptions mandated by the Internal Revenue Service ("IRS"). The actuary determined that the AFTAP for the Plan was 93.25%.

NOTE F - INVESTMENTS AT FAIR VALUE

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

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

Level 2 – Inputs to the valuation methodology include: (i) quoted prices for similar assets or liabilities in active markets; (ii) quoted prices for identical or similar assets or liabilities in inactive markets; (iii) inputs other than quoted prices that are observable for the asset or liability; or (iv) inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements
August 31, 2025 and 2024

NOTE F - INVESTMENTS AT FAIR VALUE (CONTINUED)

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

The TIAA Group Annuity Contract (the "Contract") is a group annuity contract that invests in a broadly diversified portfolio of private placements and publicly traded bonds, as well as commercial mortgages and real estate. At August 31, 2025 and 2024, Plan investments at fair value were \$4,619,783 and \$5,216,220, respectively. The primary purpose of the Plan's investments is to generate a rate of return that will provide for the long-term funding of the obligations incurred under the Plan. TIAA and CREF maintain the contributions in the deposit account, which is credited with actual earnings on the underlying investments and is charged for Plan withdrawals. Interest credited under this contract during the years ended August 31, 2025 and 2024 was based on a guaranteed investment rate of approximately 3%. Interest income was \$193,030 and \$230,892 for the years ended August 31, 2025 and 2024, respectively.

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

There has been no change in the methodology used for the years ended August 31, 2025 and 2024.

At August 31, 2025 and 2024, the Plan's investments were all classified as Level 3.

The Plan's Level 3 purchases for the years ended August 31, 2025 and 2024 were \$193,030 and \$264,129, respectively, and the Plan's Level 3 sales for the years ended August 31, 2025 and 2024 were \$789,467 and \$533,672, respectively. There were no transfers into and out of Level 3 during the years ended August 31, 2025 and 2024.

Change in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

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

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

August 31, 2025					
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Group annuity contract	\$ 4,619,783	Discounted cash flow	Risk-adjusted discount rate applied	3.00% - 5.00%	4.00%

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements
August 31, 2025 and 2024

NOTE F - INVESTMENTS AT FAIR VALUE (CONTINUED)

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

The following represent key redemption restrictions pertaining to Contract:

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

NOTE G - PLAN TERMINATION

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

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

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

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

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Notes to Financial Statements August 31, 2025 and 2024

NOTE H - TAX STATUS

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

U.S. GAAP requires the Plan's management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of August 31, 2025, there are no uncertain positions taken, or expected to be taken, that would require either recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE I - RISKS AND UNCERTAINTIES

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

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

Volatility in financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at August 31, 2025 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE J - RELATED-PARTY TRANSACTIONS

The Plan's investments are managed by TIAA and CREF, the Plan's trustees. Therefore, transactions related to these investments qualify as party-in-interest transactions. There were no fees paid by the Plan during the years ended August 31, 2025 and 2024.

SUPPLEMENTAL INFORMATION

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Employer Identification No. 13-5563003, Plan No. 001
 Schedule H, Part IV, Item 4(i) of Form 5500
 Schedule of Assets (Held at End of Year)
 August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	TIAA and CREF	Group Annuity Contract with TIAA and CREF Contract #U-R840	<u>\$ 4,619,783</u>

* Party-in-interest

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500)

TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN

Employer Identification Number: 13-5563003

Plan Number: 001

Schedule SB, Line 25 – Change in Method

The plan's enrolled actuary and actuarial services firm changed for this plan year. The new enrolled actuary utilizes different valuation software from the prior actuary resulting in a change in funding target of ~0.7%. This change in method satisfies the requirements for automatic approval under Rev. Proc. 2017-56. There were no changes to the target normal cost or actuarial value of assets

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500)

TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN

Employer Identification Number: 13-5563003

Plan Number: 001

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

Valuation Date: September 1, 2024

Minimum Funding Interest Rates: Segment rates for September 2024, as prescribed under Section 430(h)(2)(B) of the Internal Revenue Code:

For benefits payable in:

0-5 years:	5.07%
5-20 years:	5.33%
≥ 20 years:	5.59%

Equivalent effective interest under IRC Section 430(h)(2)(A): 5.31%

Pre- and Post-Retirement Mortality
For Minimum Funding:

Combined annuitant/non-annuitant static mortality table prescribed by the IRS, pursuant to Section 430(h)(3)(A) of the IRC. Developed from the Society of Actuaries' Retirement Plan Experience Committee (RPEC) Pri-2012 base mortality table with an adjusted version of Scale MP-2021 mortality improvements.

Termination Rates: None

Retirement Date: Age 65.

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

Retirement Benefit Option: 50% Single Life Annuity
20% Single Life Annuity with 15 Year Guarantee
30% Last Survivor with Full Benefit to Spouse

Spouse Assumptions: 100% of participants are assumed to be married
Spouse assumed to be the same age as participant

Expenses: None

Value of Assets: The Group Annuity funds are part of TIAA's general assets and are shown at book value. If the Group Annuity were to terminate, the policyholder would receive the current book value of the account less the expense charge imposed on withdrawals from the account.

Models: EY uses ProVal, a licensed actuarial modeling software developed by Winklevoss Technologies, to generate actuarial liabilities and normal costs using standard actuarial cost methods, the documented valuation assumptions, and the client's census data. We are not aware of any material limitations that would prevent ProVal from being suitable for generating these liabilities and costs. The signing actuary has reviewed model results to ensure they reflect the applicable data, assumptions, methods and plan provisions.

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500)

TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN

Employer Identification Number: 13-5563003
Plan Number: 001

Schedule SB, Part V -- Summary of Plan Provisions

Eligibility:

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

Retirement Dates:

- Normal: The first of September nearest the attainment of age 65.
- Early: The first of any month (prior to the normal retirement date) following the attainment of age 55.
- Late: The first of any month after the normal retirement date. However, benefits must begin no later than April 1 of the calendar year following the year in which the participant attains age 70 ½.

Retirement Benefits:

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

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

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

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

Retirement Benefits (continued)

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

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

Vesting:

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

Payment of Retirement Benefits:

For single participants, the normal form of pension is a monthly benefit payable for the lifetime of the participant. For a married participant, the normal form is an actuarially reduced monthly benefit payable under a joint and survivor option with one-half of the benefit payable to the spouse upon the death of the participant. Optional forms of payment are available on an actuarially reduced basis. A lump sum benefit may be paid to any participant upon retirement or termination, regardless of the present value of the lump sum.

Actuarial Equivalence:

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

Pre-Retirement Death Benefits:

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

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

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

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

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

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

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500)

TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN

Employer Identification Number: 13-5563003
Plan Number: 001

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

The table below shows the distribution of active participants by attained age as of September 1, 2024. (The table does not reflect years of credited service; as all benefits under the plan are frozen, current years of credited service are not applicable.)

Attained Age	Number of Actives
Under 25	0
25 to 29	0
30 to 34	0
35 to 39	0
40 to 44	0
45 to 49	0
50 to 54	0
55 to 59	1
60 to 64	3
65 to 69	2
70 & up	1
Total	7

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500)

TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN

Employer Identification Number: 13-5563003

Plan Number: 001

Schedule SB, Line 32 – Schedule of Amortization Bases

Amortization Bases as of September 1, 2024

<u>Type of Base</u>	<u>Present Value of Remaining Installments as of 9/1/2024</u>	<u>Date Established</u>	<u>Number of Years Remaining in Amort. Period</u>	<u>Amortization Installment</u>
Shortfall	430,823	9/1/2022	13	44,315
Shortfall	192,055	9/1/2023	14	18,772
Shortfall	<u>(259,644)</u>	9/1/2024	15	<u>(24,233)</u>
	363,234			38,854

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500)

TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN

Employer Identification Number: 13-5563003

Plan Number: 001

Schedule SB – Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets as of August 31, 2024, contributions, plan provisions, and data on people covered by the plan as of September 1, 2024. The accuracy of the results presented in this report is dependent upon the accuracy and completeness of the underlying information.

The assumptions and methods have been selected in accordance with ERISA and IRS requirements. It is my belief that the assumptions and methods are reasonable for the purposes for which they have been selected. Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for these measurement and changes in plan provisions or applicable law. Because of limited scope, no analysis was performed related to the potential range of such future differences.

The determination of all present values, liabilities, cost allocations, future cash flows, and other factors used in the actuarial valuation has been performed in accordance with generally accepted actuarial principles as set forth in the provisions of the following Actuarial Standards of Practice (ASOP):

- ASOP No. 4 – Measuring Pension Obligations and Determining Pension Plan Costs or Contributions
- ASOP No. 23 – Data Quality
- ASOP No. 27 – Selection of Assumptions for Measuring Pension Obligations
- ASOP No. 35 – Selection of Demographic and Other Noneconomic Assumptions for Measuring Pension Obligations
- ASOP No. 41 – Actuarial Communications
- ASOP No. 44 – Selection and Use of Asset Valuation Methods for Pension Valuations
- ASOP No. 51 – Assessment and Disclosure of Risk Associated with Measuring Pension Obligations and Determining Pension Plan Contributions
- ASOP No. 56 – Modeling

The Enrolled Actuary is a member of the Society of Actuaries and other professional actuarial organization and meets the “General Qualification Standard for Prescribed Statements of Actuarial Opinions” relating to pension plans. He believes the contents of this report fully and fairly disclose the actuarial position of the plan for its stated purpose and is available to answer any questions on the material contained in this report, or to provide any further information or exhibits requested.

ATTACHMENT TO 2024 SCHEDULE SB (FORM 5500)

TRINITY EPISCOPAL SCHOOL CORPORATION
DEFINED BENEFIT PENSION PLAN

Employer Identification Number: 13-5563003

Plan Number: 001

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

Each participant is assumed to retire at age 65.

TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN

Employer Identification No. 13-5563003, Plan No. 001
Schedule H, Part IV, Item 4(i) of Form 5500
Schedule of Assets (Held at End of Year)
August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	TIAA and CREF	Group Annuity Contract with TIAA and CREF Contract #U-R840	<u>\$ 4,619,783</u>

* Party-in-interest

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	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 09/01/2024 and ending 08/31/2025	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan TRINITY EPISCOPAL SCHOOL CORPORATION DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRINITY EPISCOPAL SCHOOL CORPORATION	D Employer Identification Number (EIN) 13-5563003
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 09 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	5,216,220	
b	Actuarial value	2b	5,216,220	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	121	4,059,961	4,059,961
b	For terminated vested participants	37	1,192,356	1,192,356
c	For active participants	7	131,110	131,110
d	Total	165	5,383,427	5,383,427
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.31%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

Statement by Enrolled Actuary

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

SIGN HERE	Clark Good CG Signature of actuary	04/23/2026 Date
CLARK GOOD Type or print name of actuary	Ernst & Young(subcontract of TIAA) Firm name	2607231 Most recent enrollment number
2323 Victory Ave. Ste 2000 DALLAS TX 75219 Address of the firm		214-969-9755 Telephone number (including area code)

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	25,544	192,849
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	25,544	5,138
9 Amount remaining (line 7 minus line 8)	0	187,711
10 Interest on line 9 using prior year's actual return of <u>4.43</u> %	0	8,316
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.04</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	196,027

Part III Funding Percentages

14 Funding target attainment percentage	14	93.25 %
15 Adjusted funding target attainment percentage	15	93.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.19 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 5.07 % 2nd segment: 5.33 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	0
22	Weighted average retirement age	22	65
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	0
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	363,234	38,854
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 38,854
35	Balances elected for use to offset funding requirement	0	42,406
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		