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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 11/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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) _____

B This return/report is:
- [X] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [X] 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
INDEPENDENT SCHOOLS TOGETHER ACTUALIZING RETIREMENT MULTIPLE EMPLOYER PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 11/01/2025

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)
NEW YORK STATE ASSOCIATION OF INDEPENDENT SCHOOLS, INC.

17 ELK STREET
ALBANY, NY 12207

2b Employer Identification Number (EIN) 14-1504908

2c Plan Sponsor's telephone number 518-694-5500

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.	10/14/2026	DAVID MAUGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PENTEGRA SERVICES, INC.

701 WESTCHESTER AVE, SUITE 320E
WHITE PLAINS, NY 10604

3b Administrator's EIN
13-3745616

3c Administrator's telephone number
844-367-2848

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**	0
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1104
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1394
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2498
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	2501
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	2452
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2L

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

- (1) [X] **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) [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 11/01/2025 and ending 12/31/2025

A Name of plan
INDEPENDENT SCHOOLS TOGETHER ACTUALIZING RETIREMENT MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
NEW YORK STATE ASSOCIATION OF INDEPENDENT SCHOOLS, INC.

D Employer Identification Number (EIN)
14-1504908

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	408657	1982	11/01/2025	12/31/2025

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

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	73208744
5	Current value of plan's interest under this contract in separate accounts at year end	5	148020538

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) ☐ 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	56444739
c	Additions: (1) Contributions deposited during the year	7c(1)	174100		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	339473		
	(4) Transferred from separate account	7c(4)	18734151		
	(5) Other (specify below)	7c(5)	1069		
	▶ CREDITS				
	(6)Total additions			7c(6)	19248793
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	75693532
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1362756		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	1099034		
	(4) Other (specify below)	7e(4)	23001		
	▶ FEES				
	(5) Total deductions			7e(5)	2484791
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	73208741

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 ☐ 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.			**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 11/01/2025 and ending 12/31/2025

A Name of plan
INDEPENDENT SCHOOLS TOGETHER ACTUALIZING RETIREMENT MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
NEW YORK STATE ASSOCIATION OF INDEPENDENT SCHOOLS, INC.

D Employer Identification Number (EIN)
14-1504908

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] 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

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?
15 19	RECORDKEEPER	9896	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

UHY LLP

PO BOX 72243
CLEVELAND, OH 44192

20-0694403

(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 17 26	ADVISOR	8726	Yes [ ] No [X]	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

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(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 11/01/2025 and ending 12/31/2025

A Name of plan
INDEPENDENT SCHOOLS TOGETHER ACTUALIZING RETIREMENT MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NEW YORK STATE ASSOCIATION OF INDEPENDENT SCHOOLS, INC.

D Employer Identification Number (EIN)
14-1504908

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)

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

b Name of sponsor of entity listed in (a): TIAA-CREF

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)
13-1624203-004	P	5948629

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 11/01/2025 and ending 12/31/2025

A Name of plan
INDEPENDENT SCHOOLS TOGETHER ACTUALIZING RETIREMENT MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
NEW YORK STATE ASSOCIATION OF INDEPENDENT SCHOOLS, INC.

D Employer Identification Number (EIN)
14-1504908

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)	0	480738
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	5948629
(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)	0	259532917
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	73474749
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	0	339437033
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	0	339437033

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)	768630	
(B) Participants	2a(1)(B)	904512	
(C) Others (including rollovers)	2a(1)(C)	1393620	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3066762
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)	4107	
(F) Other	2b(1)(F)	339473	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		343580
(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)	1627402	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1627402
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		26124
(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)		-117947
c Other income	2c		5148
d Total income. Add all **income** amounts in column (b) and enter total	2d		4951069
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3157873	
(2) To insurance carriers for the provision of benefits	2e(2)	146664	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3304537
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		51739
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	26630	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16503	
(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)		43133
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3399409
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1551660
l Transfers of assets:			
(1) To this plan	2l(1)		337885373
(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: **(2)** EIN:

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 11/01/2025 and ending 12/31/2025

A Name of plan
INDEPENDENT SCHOOLS TOGETHER ACTUALIZING RETIREMENT MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
NEW YORK STATE ASSOCIATION OF INDEPENDENT SCHOOLS, INC.

D Employer Identification Number (EIN)
14-1504908

Part I Distributions

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

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

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

EIN(s): 13-1624203

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 05 / 01 / 2015 (MM/DD/YYYY) and the Opinion Letter serial number J500543A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 11/01/2025 and ending 12/31/2025

A Name of plan INDEPENDENT SCHOOLS TOGETHER ACTUALIZING RETIREMENT MULTIPLE EMPLOYER PLAN	**B** Three-digit Plan number (PN)..... ▶ 333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PENTEGRA SERVICES, INC.	**D** Administrator's EIN 13-3745616

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** [X] association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** [ ] professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** [ ] pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** [ ] other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
ALLENDALE COLUMBIA SCHOOL	16-0983166	7.37	25005143
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
BROOKLYN HEIGHTS MONTESSORI SCHOOL	11-6044329	2.92	9912496

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	[ ] Yes [X] No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGH MEADOW SCHOOL	14-1734578	0.10	354341
LITTLE RED SCHOOL HOUSE	13-5562268	19.04	64640331
MILLBROOK SCHOOL	14-1413770	10.54	35770110
NORTH COUNTRY SCHOOL	14-1430542	2.38	8084762
TRINITY-PAWLING SCHOOL	14-1601551	10.29	34921774
PROFESSIONAL CHILDREN'S SCHOOL	13-1635277	6.00	20375172
ST. BERNARD'S SCHOOL	13-1255270	22.77	77306573
THE BROWNING SCHOOL	13-1623918	15.88	53906395
THE GILLEN BREWER SCHOOL	13-3764868	2.72	9228444

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
INDEPENDENT SCHOOLS TOGETHER ACTUALIZING RETIREMENT MULTIPLE EMPLOYER PLAN
E.I.N. 14-1504908 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31,2025

(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	TIAA Traditional Benefit Responsive	1,573,237.36	2,031,892.55
*	TIAA	TIAA Traditional Non Benefit Responsive	13,111,326.11	18,217,209.22
*	TIAA	TIAA Traditional Benefit Responsive 2	11,204,047.82	11,322,779.27
*	TIAA	TIAA Traditional Non Benefit Responsive 2	3,428,437.04	4,117,228.67
*	TIAA	TIAA Stable Value	906,066.99	993,415.06
*	TIAA	TIAA Real Estate	1,842,309.97	2,578,488.76
*	TIAA	TIAA Access Nuv Core Pl Bd T3	37,743.63	38,508.65
*	TIAA	TIAA Access Nuv Core Pl Bd T4	34,127.92	43,138.05
*	TIAA	TIAA Access Nuv Core Bond T4	23,872.36	29,679.38
*	TIAA	TIAA Access Nuv Equity Idx T3	1,430.22	2,099.78
*	TIAA	TIAA Access Nuv Equity Idx T4	4,983.51	24,016.82
*	TIAA	TIAA Access Nuv Core Equity T3	4,466.04	6,792.65
*	TIAA	TIAA Access Nuv Core Equity T4	25,832.71	133,006.60
*	TIAA	TIAA Access Nuv Infl Lnk Bd T4	717.44	1,100.89
*	TIAA	TIAA Access Nuv Intl Equity T3	177,142.61	231,988.04
*	TIAA	TIAA Access Nuv Intl Equity T4	804,995.69	1,263,843.30
*	TIAA	TIAA Access Nuv Lrg Cap Gr T3	4,273.58	6,446.77
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4	643.90	4,154.76
*	TIAA	TIAA Access Nuv Lrg Cap Val T3	101,319.09	139,119.94
*	TIAA	TIAA Access Nuv Lrg Cap Val T4	683,595.18	1,048,423.63
*	TIAA	TIAA Access Nuv LifCyc 2020 T3	43,203.95	50,613.07
*	TIAA	TIAA Access Nuv LifCyc 2020 T4	4,236.41	10,341.65
*	TIAA	TIAA Access Nuv LifCyc 2025 T3	153,017.63	181,731.14
*	TIAA	TIAA Access Nuv LifCyc 2025 T4	76,741.99	205,341.81
*	TIAA	TIAA Access Nuv LifCyc 2030 T3	87,582.66	106,530.64
*	TIAA	TIAA Access Nuv LifCyc 2030 T4	57,617.97	148,831.58

*	TIAA	TIAA Access Nuv LifCyc 2035 T3	29,786.45	37,220.91
*	TIAA	TIAA Access Nuv LifCyc 2035 T4	57,586.30	102,284.89
*	TIAA	TIAA Access Nuv LifCyc 2040 T3	64,668.02	83,778.38
*	TIAA	TIAA Access Nuv LifCyc 2040 T4	124,832.31	325,715.82
*	TIAA	TIAA Access Nuv LifCyc 2045 T3	38,131.90	50,404.25
*	TIAA	TIAA Access Nuv LifCyc 2045 T4	27,642.78	77,933.66
*	TIAA	TIAA Access Nuv LifCyc 2050 T3	60,585.30	80,908.45
*	TIAA	TIAA Access Nuv LifCyc 2050 T4	42,192.22	88,666.12
*	TIAA	TIAA Access Nuv Qnt MdCpGrw T3	21,672.66	21,124.05
*	TIAA	TIAA Access Nuv Qnt MdCpGrw T4	23,290.37	34,451.73
*	TIAA	TIAA Access Nuv Mid Cap Val T3	105,744.18	129,816.25
*	TIAA	TIAA Access Nuv Mid Cap Val T4	219,099.17	383,488.48
*	TIAA	TIAA Access Nuv Money Mkt T4	104,902.30	119,286.04
*	TIAA	TIAA Access Nuv RlEstSecSel T3	77,873.49	68,811.94
*	TIAA	TIAA Access Nuv RlEstSecSel T4	287,695.84	393,139.03
*	TIAA	TIAA Access Nuv Sm Cp Bl Ix T3	85,683.85	101,094.71
*	TIAA	TIAA Access Nuv Sm Cp Bl Ix T4	113,389.06	185,212.02
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T3	35,657.23	49,279.86
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4	401,473.45	630,024.28
*	TIAA	TIAA Access Nuv LgCp Res Eq T3	1,368.96	1,901.90
*	TIAA	TIAA Access Nuv LgCp Res Eq T4	112,460.84	253,327.15
*	TIAA	American Funds EUPAC Class R-6	73,724.57	69,856.37
*	TIAA	Vanguard Emr Mkts Stk Idx Inst	7,858,255.44	7,934,934.44
*	TIAA	Vanguard Extended Mkt Idx Inst	12,138,011.79	12,880,475.83
*	TIAA	Vanguard Federal Money Mkt Inv	29,234.89	29,234.89
*	TIAA	Vanguard Infl Protect Sec Adm	260,765.62	254,300.72
*	TIAA	Vanguard Inst Idx Inst	29,945,295.82	30,961,393.20
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst	13,568,503.27	13,541,224.36
*	TIAA	Nuveen Core Impact Bond R6	130,262.47	130,403.87
*	TIAA	CREF Core Bond R2	181,295.11	181,953.20
*	TIAA	American Century Sm Cap Grw R6	657.36	610.17
*	TIAA	Harbor Capital Appreciation Rt	1,640,797.90	1,507,888.58
*	TIAA	CREF S&P 500 Index R2	433,478.99	442,392.34
*	TIAA	CREF Global Equities R2	853,943.69	873,071.11
*	TIAA	The Hartford Total Ret Bond R6	206,516.16	206,068.35
*	TIAA	CREF Growth R2	1,425,461.80	1,428,434.16

*	TIAA	MFS Value Fund Class R6	374,706.72	357,473.97
*	TIAA	CREF Inflation-Linked Bond R2	54,881.02	54,940.82
*	TIAA	Nuveen Intl Resp Equity R6	21,662.66	21,036.37
*	TIAA	CREF Money Market R2	23,780.90	23,915.06
*	TIAA	Vanguard Ttl Intl Stk Idx Adm	109,185.23	111,824.98
*	TIAA	CREF Responsible Balanced R2	1,077,174.84	1,096,153.89
*	TIAA	Vanguard Devlopd Mkts Idx Ins	16,305,201.02	17,295,727.68
*	TIAA	CREF Total Global Stock R2	2,274,190.58	2,332,948.42
*	TIAA	CREF Core Bond R2	216,487.44	217,273.23
*	TIAA	CREF S&P 500 Index R2	1,164,943.45	1,188,894.39
*	TIAA	CREF Global Equities R2	1,410,330.39	1,441,918.11
*	TIAA	CREF Growth R2	337,361.79	338,065.05
*	TIAA	CREF Inflation-Linked Bond R2	82,441.85	82,531.68
*	TIAA	CREF Money Market R2	106,484.90	107,085.74
*	TIAA	CREF Responsible Balanced R2	331,164.06	336,998.63
*	TIAA	CREF Total Global Stock R2	999,108.47	1,024,921.40
*	TIAA	CREF Core Bond R2	232,384.64	233,228.08
*	TIAA	CREF S&P 500 Index R2	641,883.87	655,081.57
*	TIAA	CREF Global Equities R2	684,593.78	699,928.42
*	TIAA	CREF Growth R2	824,686.93	826,406.50
*	TIAA	CREF Inflation-Linked Bond R2	143,851.22	144,007.96
*	TIAA	CREF Money Market R2	76,663.63	77,096.21
*	TIAA	CREF Responsible Balanced R2	226,236.97	230,223.55
*	TIAA	CREF Total Global Stock R2	3,782,604.87	3,880,331.00
*	TIAA	CREF Core Bond R2	196,874.00	197,580.58
*	TIAA	CREF S&P 500 Index R2	535,207.81	546,377.19
*	TIAA	CREF Global Equities R2	647,245.37	661,596.73
*	TIAA	CREF Growth R2	1,424,770.59	1,427,994.00
*	TIAA	CREF Inflation-Linked Bond R2	109,345.98	109,449.13
*	TIAA	CREF Money Market R2	12,439.28	12,509.46
*	TIAA	CREF Responsible Balanced R2	521,222.38	530,837.71
*	TIAA	CREF Total Global Stock R2	1,632,891.50	1,675,432.89
*	TIAA	CREF Core Bond R2	356,007.38	404,172.91
*	TIAA	CREF S&P 500 Index R2	883,409.21	1,527,670.00
*	TIAA	CREF Global Equities R2	1,690,586.07	2,923,232.12
*	TIAA	CREF Growth R2	859,271.82	1,774,455.00

*	TIAA	CREF Inflation-Linked Bond R2	280,139.59	315,396.77	
*	TIAA	CREF Money Market R2	430,384.89	493,112.47	
*	TIAA	CREF Responsible Balanced R2	1,151,890.20	1,614,917.83	
*	TIAA	CREF Total Global Stock R2	5,423,443.01	9,295,092.21	
*	TIAA	Participant Loan Fund	185,821.11	185,821.11	
*	TIAA	TIAA Traditional Benefit Responsive	124,155.63	188,794.54	Allendale Columbia School
*	TIAA	TIAA Traditional Non Benefit Responsive	4,339,380.43	6,179,879.82	
*	TIAA	TIAA Traditional Benefit Responsive 2	404,481.29	405,175.54	
*	TIAA	TIAA Stable Value	94,797.05	100,667.93	
*	TIAA	TIAA Real Estate	390,005.72	535,132.45	
*	TIAA	TIAA Access Nuv Core Pl Bd T4	141,937.80	162,296.64	
*	TIAA	TIAA Access Nuv Core Equity T4	10,187.18	32,970.40	
*	TIAA	TIAA Access Nuv Intl Equity T4	105,254.20	169,907.26	
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4	1,560.87	11,130.08	
*	TIAA	TIAA Access Nuv Lrg Cap Val T4	74,023.25	138,523.11	
*	TIAA	TIAA Access Nuv LifCyc 2010 T4	11,436.61	23,944.97	
*	TIAA	TIAA Access Nuv LifCyc 2015 T4	16,689.73	27,014.67	
*	TIAA	TIAA Access Nuv LifCyc 2025 T4	62,023.53	113,811.12	
*	TIAA	TIAA Access Nuv LifCyc 2030 T4	91,196.06	166,855.87	
*	TIAA	TIAA Access Nuv LifCyc 2035 T4	185,533.20	318,820.27	
*	TIAA	TIAA Access Nuv LifCyc 2040 T4	90,776.17	187,604.55	
*	TIAA	TIAA Access Nuv LifCyc 2045 T4	244,037.39	495,861.70	
*	TIAA	TIAA Access Nuv LifCyc 2050 T4	127,549.70	291,148.94	
*	TIAA	TIAA Access Nuv Qnt MdCpGrw T4	4,889.85	4,192.58	
*	TIAA	TIAA Access Nuv Mid Cap Val T4	41,045.56	71,491.19	
*	TIAA	TIAA Access Nuv RlEstSecSel T4	49,098.82	64,890.78	
*	TIAA	TIAA Access Nuv Sm Cp Bl Ix T4	59,789.32	126,334.11	
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4	33,945.84	53,512.76	
*	TIAA	TIAA Access Nuv LgCp Res Eq T4	4,737.30	10,139.74	
*	TIAA	Nuveen Large Cap Resp Eq R6	54,672.76	54,962.55	
*	TIAA	Vanguard Emr Mkts Stk Idx Inst	379,271.46	382,228.11	
*	TIAA	Vanguard Extended Mkt Idx Inst	642,570.44	635,910.81	
*	TIAA	Vanguard Inst Idx Inst	921,256.38	917,615.46	
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst	637,692.49	637,685.90	
*	TIAA	TIAA Access Nuv LifCyc 2060 T4	1,165.73	1,996.60	

*	TIAA	Harbor Capital Appreciation Rt	4,205.59	4,241.79	
*	TIAA	PIMCO RAE US Small Instl Class	12,760.47	12,492.53	
*	TIAA	Vanguard Ttl Intl Stk Idx Adm	38,784.71	38,615.54	
*	TIAA	Vanguard Devlopd Mkts Idx Ins	583,036.88	583,418.97	
*	TIAA	CREF Core Bond R2	368,307.59	368,653.92	
*	TIAA	TIAA Access Nuv LifCyc 2055 T4	95,287.49	187,415.67	
*	TIAA	CREF S&P 500 Index R2	778,135.17	777,392.31	
*	TIAA	CREF Global Equities R2	1,494,720.38	1,501,587.77	
*	TIAA	CREF Growth R2	1,916,651.45	1,901,546.76	
*	TIAA	CREF Inflation-Linked Bond R2	366,037.64	365,452.56	
*	TIAA	CREF Money Market R2	421,594.93	422,738.43	
*	TIAA	CREF Responsible Balanced R2	661,583.26	665,278.87	
*	TIAA	CREF Total Global Stock R2	5,593,605.00	5,629,926.20	
*	TIAA	Participant Loan Fund	35,882.43	35,882.43	
*	TIAA	TIAA Traditional Benefit Responsive 2	1,707,686.35	1,710,608.94	Brooklyn Heights Montessori School
*	TIAA	TIAA Traditional Non Benefit Responsive 2	196,930.26	201,321.94	
*	TIAA	TIAA Stable Value	299,934.38	324,843.87	
*	TIAA	Vanguard Emr Mkts Stk Idx Inst	751,262.03	757,176.43	
*	TIAA	Vanguard Extended Mkt Idx Inst	1,163,538.80	1,151,466.07	
*	TIAA	Vanguard Inst Idx Inst	2,813,221.25	2,802,012.51	
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst	1,265,894.51	1,265,894.40	
*	TIAA	Vanguard Devlopd Mkts Idx Ins	1,636,358.13	1,637,532.45	
*	TIAA	Participant Loan Fund	52,747.94	52,747.94	
*	TIAA	TIAA Traditional Benefit Responsive	3,737,492.08	4,728,504.14	St. Bernard's School
*	TIAA	TIAA Traditional Non Benefit Responsive	7,666,111.26	10,364,245.32	
*	TIAA	TIAA Traditional Benefit Responsive 2	23,458.15	23,495.40	
*	TIAA	TIAA Traditional Non Benefit Responsive 2	2,177.81	2,181.52	
*	TIAA	Plan Loan Default Fund	210,109.51	210,109.51	
*	TIAA	CREF Total Global Stock R2	9,281,676.99	23,062,432.63	
*	TIAA	CREF Money Market R2	987,706.55	1,138,261.19	
*	TIAA	CREF Responsible Balanced R2	206,266.99	357,292.48	
*	TIAA	CREF Global Equities R2	2,644,608.20	6,109,850.82	
*	TIAA	CREF Growth R2	4,020,632.34	12,350,323.11	
*	TIAA	CREF S&P 500 Index R2	3,746,756.32	8,726,438.51	

*	TIAA	CREF Inflation-Linked Bond R2	518,643.17	641,386.10	
*	TIAA	TIAA Real Estate	1,504,057.42	1,877,832.70	
*	TIAA	TIAA Access Nuv LfCy Rt Inc T3	142,009.70	172,568.86	
*	TIAA	TIAA Access Nuv LifCyc 2010 T3	8,278.18	9,587.02	
*	TIAA	TIAA Access Nuv LifCyc 2015 T3	27,408.82	33,645.65	
*	TIAA	TIAA Access Nuv LifCyc 2020 T3	116,216.26	145,809.79	
*	TIAA	TIAA Access Nuv LifCyc 2025 T3	206,843.00	243,249.49	
*	TIAA	TIAA Access Nuv LifCyc 2030 T3	66,697.34	83,904.27	
*	TIAA	TIAA Access Nuv LifCyc 2035 T3	211,519.23	277,528.89	
*	TIAA	TIAA Access Nuv LifCyc 2040 T3	248,330.51	353,495.93	
*	TIAA	TIAA Access Nuv LifCyc 2045 T3	690,666.38	973,713.09	
*	TIAA	TIAA Access Nuv LifCyc 2050 T3	323,225.00	465,896.74	
*	TIAA	CREF Core Bond R2	1,877,572.11	2,135,186.29	
*	TIAA	Vanguard Emr Mkts Stk Idx Inst	14,006.91	14,012.91	
*	TIAA	Vanguard Extended Mkt Idx Inst	25,680.05	25,065.87	
*	TIAA	Vanguard Infl Protect Sec Adm	617.15	611.31	
*	TIAA	Vanguard Inst Idx Inst	68,100.87	67,320.81	
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst	20,903.16	20,922.99	
*	TIAA	TIAA Access Nuv LifCyc 2055 T3	1,045,171.05	1,464,765.14	
*	TIAA	American Century Sm Cap Grw R6	247.37	240.04	
*	TIAA	TIAA Access Nuv LifCyc 2060 T3	741,414.60	966,889.12	
*	TIAA	Harbor Capital Appreciation Rt	247.37	246.05	
*	TIAA	Nuveen Intl Resp Equity R6	610.37	615.68	
*	TIAA	Vanguard Ttl Intl Stk Idx Adm	1,328.12	1,332.44	
*	TIAA	Vanguard Devlopd Mkts Idx Ins	30,038.09	30,141.37	
*	TIAA	Participant Loan Fund	206,286.77	206,286.77	
*	TIAA	TIAA Traditional Benefit Responsive	538,787.06	757,595.52	The Browning School
*	TIAA	TIAA Traditional Non Benefit Responsive	4,503,565.96	6,585,633.80	
*	TIAA	TIAA Traditional Benefit Responsive 2	4,399,240.81	4,497,064.51	
*	TIAA	TIAA Traditional Non Benefit Responsive 2	149,792.67	198,364.14	
*	TIAA	TIAA Stable Value	41,873.30	47,733.07	
*	TIAA	TIAA Real Estate	658,170.58	957,175.33	
*	TIAA	Vanguard Emr Mkts Stk Idx Inst	2,009,702.66	2,025,354.06	
*	TIAA	Vanguard Extended Mkt Idx Inst	3,249,287.86	3,215,703.85	
*	TIAA	Vanguard Federal Money Mkt Inv	218,021.33	218,021.33	

*	TIAA	Vanguard Infl Protect Sec Adm	153,746.74	150,550.89
*	TIAA	Vanguard Inst Idx Inst	7,832,041.06	7,802,179.25
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst	3,243,556.04	3,243,528.58
*	TIAA	Vanguard Ttl Intl Stk Idx Adm	115,241.50	115,487.98
*	TIAA	Vanguard Devlopd Mkts Idx Ins	4,343,165.10	4,345,965.55
*	TIAA	CREF Core Bond R2	348,381.64	348,709.23
*	TIAA	CREF S&P 500 Index R2	1,686,105.91	1,684,495.89
*	TIAA	CREF Global Equities R2	2,381,328.84	2,392,269.05
*	TIAA	CREF Growth R2	5,825,348.29	5,779,439.81
*	TIAA	CREF Inflation-Linked Bond R2	218,197.48	217,848.71
*	TIAA	CREF Money Market R2	56,171.79	56,324.13
*	TIAA	CREF Responsible Balanced R2	411,288.99	413,586.28
*	TIAA	CREF Total Global Stock R2	8,796,247.75	8,853,364.10
*	Mutual of America	MoA Equity Index Fund	91,435.82	91,435.82
*	Mutual of America	Calvert US Mid Cap Core Rspnb Idx I	2,161.54	2,161.54
*	Mutual of America	Vanguard Strategic Equity Inv	0.00	0.00
*	Mutual of America	Vanguard Total Bond Market Index Adm	0.00	0.00
*	Mutual of America	Vanguard Treasury Money Market Investor	0.00	0.00
*	Mutual of America	American Funds New World R6	0.00	0.00
*	Mutual of America	Calvert International Responsible Idx R6	992.63	992.63
*	Mutual of America	MoA International Fund	8,226.85	8,226.85
*	Mutual of America	Vanguard International Growth Adm	0.00	0.00
*	Mutual of America	MoA Retirement Income Fund	0.00	0.00
*	Mutual of America	MoA Clear Passage 2020 Fund	0.00	0.00
*	Mutual of America	MoA Clear Passage 2025 Fund	9,345.22	9,345.22
*	Mutual of America	MoA Clear Passage 2030 Fund	29,820.03	29,820.03
*	Mutual of America	MoA Clear Passage 2035 Fund	14,883.66	14,883.66
*	Mutual of America	MoA Clear Passage 2040 Fund	4,852.04	4,852.04
*	Mutual of America	MoA Clear Passage 2045 Fund	74,324.83	74,324.83
*	Mutual of America	MoA Clear Passage 2050 Fund	12,295.52	12,295.52
*	Mutual of America	MoA Clear Passage 2055 Fund	11,291.29	11,291.29
*	Mutual of America	MoA Clear Passage 2060 Fund	0.00	0.00
*	Mutual of America	MoA Clear Passage 2065 Fund	0.00	0.00
*	Mutual of America	Calvert US Large Cap Core Rspnb Idx R6	5,736.23	5,736.23
*	Mutual of America	Dodge & Cox Stock	0.00	0.00

*	Mutual of America	Loan Fund		639.45	639.45
				276,689,585	**339,437,034**