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 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRINITY SCHOOL OF MIDLAND, INC. 403(B) DC PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/11/1985

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 SCHOOL OF MIDLAND, INC.

3500 W. WADLEY AVENUE
MIDLAND, TX 79707-5799

2b Employer Identification Number (EIN) 75-0995808

2c Plan Sponsor's telephone number 432-697-3281

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.	10/15/2026	HOLLY EVANS
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	390
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)**	214
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	223
b	Retired or separated participants receiving benefits	**6b**	45
c	Other retired or separated participants entitled to future benefits	**6c**	105
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	373
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	373
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)**	310
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)**	278
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:

2H 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)** [ ] **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 3
- **(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 01/01/2025 and ending 12/31/2025

A Name of plan
TRINITY SCHOOL OF MIDLAND, INC. 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY SCHOOL OF MIDLAND, INC.

D Employer Identification Number (EIN)
75-0995808

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
EMPOWER ANNUITY INSURANCE COMPANY

(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
06-1050034	93629	GA-64326	5	01/01/2025	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
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	236575
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	234355
c	Additions: (1) Contributions deposited during the year	7c(1)	2862		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	5617		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	8479
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	242834
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6139		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	120		
	▶ FEES, TRANSFERS, WITHDRAWLS				
	(5) Total deductions			7e(5)	6259
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	236575

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.			**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 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 01/01/2025 and ending 12/31/2025

A Name of plan
TRINITY SCHOOL OF MIDLAND, INC. 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY SCHOOL OF MIDLAND, INC.

D Employer Identification Number (EIN)
75-0995808

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
SYMETRA LIFE INSURANCE COMPANY

(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
91-0742147	68608	LP1024203	7	01/01/2025	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
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	

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	251651
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 1983 GROUP ANNUITY MORTALITY TABLE PROJECTED 20 YEARS WITH SCALE H AND INTEREST RATE OF 4% PER YEAR

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	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

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.			**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 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 01/01/2025 and ending 12/31/2025

A Name of plan
TRINITY SCHOOL OF MIDLAND, INC. 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY SCHOOL OF MIDLAND, INC.

D Employer Identification Number (EIN)
75-0995808

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	346396	149	01/01/2025	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
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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2660607
5	Current value of plan's interest under this contract in separate accounts at year end	5	6711773

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	2722692
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	108816		
	(4) Transferred from separate account	7c(4)	122647		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	231463
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2954155
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	177831		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	101517		
	(4) Other (specify below) ▶ LOAN WITHDRAWALS, FEES, TRANSFERS FORFEITURES	7e(4)	14200		
	(5) Total deductions			7e(5)	293548
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2660607

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.			**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 01/01/2025 and ending 12/31/2025

A Name of plan
TRINITY SCHOOL OF MIDLAND, INC. 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY SCHOOL OF MIDLAND, INC.

D Employer Identification Number (EIN)
75-0995808

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

TIAA

13-1624203

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

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

(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

(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)

USI CONSULTING GROUP

06-1053228

(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?
12 15 17 25 34 37 57 60 61 63 64 65	N/A	7820	Yes [X] No [ ]	Yes [X] No [ ]	0	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:

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 01/01/2025 and ending 12/31/2025

A Name of plan
TRINITY SCHOOL OF MIDLAND, INC. 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRINITY SCHOOL OF MIDLAND, INC.

D Employer Identification Number (EIN)
75-0995808

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	279910

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

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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 01/01/2025 and ending 12/31/2025

A Name of plan
TRINITY SCHOOL OF MIDLAND, INC. 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY SCHOOL OF MIDLAND, INC.

D Employer Identification Number (EIN)
75-0995808

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)	3091	7511
(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)	279036	279910
(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)	14922697	17647323
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3207471	3148832
(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	18412295	21083576
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	18412295	21083576

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)	490916	
(B) Participants	2a(1)(B)	615205	
(C) Others (including rollovers)	2a(1)(C)	59927	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1166048
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	105	
(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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		105
(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)	613991	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		613991
(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)		11211
(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)		1936495
c Other income	2c		125012
d Total income. Add all **income** amounts in column (b) and enter total	2d		3852862
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1173930	
(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)		1173930
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)	2643	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	5008	
(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)		7651
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1181581
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2671281
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) [X] 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) [X] 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: MARC MARTIN CPA **(2)** EIN: 27-4265856

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		900000
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 [X] 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 01/01/2025 and ending 12/31/2025

A Name of plan
TRINITY SCHOOL OF MIDLAND, INC. 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRINITY SCHOOL OF MIDLAND, INC.

D Employer Identification Number (EIN)
75-0995808

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**

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): 82-3967259 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** 18

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500517A .

C. MARC MARTIN *CERTIFIED PUBLIC ACCOUNTANT*

110 W. LOUISIANA • SUITE 230 • FAX 432-685-0096
POST OFFICE BOX 1775 • MIDLAND, TEXAS 79702-1775 • 432-685-0094

Independent Auditors' Report

To the Participants and Administrator of
the Trinity School of Midland, Inc. 403(b) Plan

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

We have performed audits of the financial statements of Trinity School of Midland, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Trinity School of Midland, Inc. 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles accepted in the United States.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held at Year End as of December 31, 2025 and 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

C. Mann Martin

Midland, Texas
October 12, 2026

TRINITY SCHOOL OF MIDLAND, INC.

403(b) PLAN

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

C. MARC MARTIN *CERTIFIED PUBLIC ACCOUNTANT*

110 W. LOUISIANA • SUITE 230 • FAX 432-685-0096
POST OFFICE BOX 1775 • MIDLAND, TEXAS 79702-1775 • 432-685-0094

Independent Auditors' Report

To the Participants and Administrator of
the Trinity School of Midland, Inc. 403(b) Plan

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

We have performed audits of the financial statements of Trinity School of Midland, Inc. 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Trinity School of Midland, Inc. 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles accepted in the United States.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held at Year End as of December 31, 2025 and 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

C. Mann Martin

Midland, Texas
October 12, 2026

TRINITY SCHOOL OF MIDLAND, INC.
403(b) PLAN

Statements of Net Assets Available
for Plan Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at estimated fair value:		
Pooled Separate Account	$ 279,910	279,036
Registered Investment Company	17,647,323	14,922,697
Fully Allocated Insurance Contracts	2,897,181	2,957,048
Tax Sheltered Annuities	251,651	250,423
Cash and equivalents	7,511	3,091
Total investments	21,083,576	18,412,295
Receivables:		
Employee deferrals	-	-
Employer match	-	-
Total receivables	-	-
Total assets	21,083,576	18,412,295
Liabilities:		
Accounts payable	-	-
Net assets available for plan benefits	$21,083,576	18,412,295

See accompanying notes to financial statements

TRINITY SCHOOL OF MIDLAND, INC.
403(b) PLAN

Statements of Changes in Net Assets Available for Plan Benefits

For the Years ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Realized and unrealized gains (losses), net	$ 2,044,674	1,838,670
Investment earnings	642,140	398,086
Contributions:		
Employee	615,205	567,851
Employer	490,916	457,006
Rollover	59,927	29,750
TOTAL ADDITIONS	3,852,862	3,291,363
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,173,930	1,710,945
Administrative expenses	7,651	5,818
TOTAL DEDUCTIONS	1,181,581	1,716,763
NET INCREASE (DECREASE)	2,671,281	1,574,600
NET ASSETS AVAILABLE FOR PLAN BENEFITS: BEGINNING OF YEAR	18,412,295	16,837,695
END OF YEAR	$ 21,083,576	18,412,295

See accompanying notes to financial statements

TRINITY SCHOOL OF MIDLAND, INC.
403(b) PLAN

Notes to Financial Statements
December 31, 2025 and 2024

(1) Provisions of the Plan

The following description of the Trinity School of Midland, Inc. 403(b) DC Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All permissible employees of the School as defined in accordance with the universal availability standards are eligible to enroll on their date of hire. Deferrals begin on the first day of the month subsequent to enrollment.

Contributions

Participants may elect to contribute to the Plan a specific percentage or dollar amount of their annual compensation, subject to limitations. Such contributions are recorded by the Plan in the period in which the School makes applicable payroll deductions and shall not exceed the limitations as set forth by the Internal Revenue Code Section 415(c).

Under the provisions of the Plan, the School makes discretionary matching contributions of up to six percent of a participants eligible compensation.

(1) Provision of the Plan (continued)

Participant Accounts

A separate account in the name of each participant is maintained to reflect the participant's accrued benefit in the Plan's net assets. Each participant's account is credited with employee deferrals and employer matching contributions and an allocation of the Plan earnings. Plan earnings are allocated to participants based on the respective investment account balances during the Plan Year. Employer contributions are credited to participant accounts based on the matching formula.

Investment Options

Upon enrollment in the Plan, participants may direct the investment of their contributions and the School's contributions into various investment options offered by the Plan.

Vesting

Participants are 100% vested in the employee contributions and the employer matching contribution portion of the account balances.

Participants Notes Receivable

The Plan does not provide for participant loans.

(1) Provisions of the Plan (continued)

Distributions

The benefit to which a participant is entitled is the accrued benefit that can be provided from the participant's account. Benefits are payable by the Plan upon retirement, death, disability or other termination of employment as provided in the Plan.

At December 31, 2025 and 2024, vested balances aggregating $10,319,911 and $9,707,622, respectively were reserved for participants who had terminated employment. These amounts have been reflected as a component of net assets available for plan benefits in the accompanying statements of net assets available for plan benefits.

Hardship

Withdrawals for serious financial hardship are permitted under the Plan, however the participant must be suspended from making any additional elective deferral contributions for a period of six months.

Trust accounting

All assets are held by TIAA and CREF, Symetra Life Insurance Company, or Charles Schwab Trust Bank, the asset custodians and recordkeepers, and all investment decisions and transactions are administered by the asset custodians and recordkeepers pursuant to participant instructions. TIAA and CREF, Symetra Life Insurance Company, and Charles Schwab Trust Bank as recordkeepers, perform the allocation of employee and employer contributions and the allocation of income earned to the respective participant accounts.

(1) Provisions of the Plan (continued)

Accounting method

Interest income is recognized when earned. Contributions are recognized based on payroll dates and are accrued.

Investment valuation

Values for investments in fixed and variable annuity contracts as well as mutual funds are determined as described in Note 6 Fair Value Measurements.

Administrative Expenses

All administrative costs during 2025 and 2024 were paid by the School except for fees assessed under the fixed and variable annuity contracts by TIAA and CREF, Symetra Life Insurance Company, and Charles Schwab Trust Bank.

Tax Status of the Plan

The Plan, together with the investment vehicles, is intended to be a tax-sheltered plan under Section 403(b) of the Internal Revenue Code (Code) of 1986, as amended. The Plan has not requested or obtained a determination letter, as the Internal Revenue Services does not currently provide that service for 403(b) plans. The Plan is required to operate in conformity with the Code to maintain its tax exempt status for plan participants under Section 403(b). Plan management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and not subject to tax. Therefore, no provision for income tax has been included in the Plan's financial statements at December 31, 2025 or 2024.

(1) Provisions of the Plan (continued)

Tax Status of the Plan, (continued)

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress and the Plan believes it is no longer subject to income tax examinations for years prior to 2022.

(2) Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Trinity School of Midland, Texas 403(b) Plan (the Plan) have been prepared on the accrual basis of accounting, under which income is recognized when earned and expenses are recognized when the obligation is incurred.

Trustee

The Trustees for the Plan are responsible for the administration and management of the Plan.

TIAA and CREF, Symetra Life Insurance Company, and Charles Schwab Trust Bank hold all assets of the Plan, execute investment transactions pursuant to individual participant direction, value all assets and perform all recordkeeping functions, including income allocations and participant statement preparation.

(2) Summary of Significant Accounting Policies (continued)

Use of Estimates

Financial statements prepared on the accrual basis of accounting require management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Options

The Plan allows participants to self-direct their investments. Participants may invest their account balances in a combination of twenty-five mutual funds and a guaranteed income contract.

Reclassifications

Certain reclassifications of 2024 amounts were made to conform to the current year presentation.

(3) Investments (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends, for the year ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF, Symetra Life Insurance Company, and Charles Schwab Trust Bank (asset custodians of the Plan).

The 2025 and 2024 financial information which follows has been certified as complete and accurate by the asset custodians as of and for the years ended December 31, 2025 and 2024.

(3) Investments (Unaudited), continued

	2025	2024
Investments, at fair value:		
TIAA Real Estate	$ 279,910	279,036
Pooled Separate Account	279,910	279,036
CREF Total Global Stock R1	1,718,243	1,530,376
CREF Money Market R1	252,884	222,639
CREF Responsible Balanced R1	114,145	126,149
CREF Core Bond R1	172,426	181,831
CREF Global Equities R1	670,018	578,208
CREF Growth R1	1,244,454	1,148,770
CREF S&P 500 Index R1	1,968,534	1,815,103
CREF Inflation - Linked Bond R1	92,267	104,093
TIAA Access NUV Lifecycle 2020 T4	12,733	33,521
TIAA Access NUV Lifecycle 2025 T4	2,389	12,018
TIAA Access NUV Lifecycle 2030 T4	16,471	5,724
TIAA Access NUV Lifecycle 2035 T4	6,673	5,831
TIAA Access NUV Lifecycle 2040 T4	31,501	27,121
TIAA Access NUV Lifecycle 2045 T4	35,181	43,143
TIAA Access NUV Lifecycle 2050 T4	14,585	12,376
TIAA Access NUV Lifecycle 2055 T4	76,934	65,199
TIAA Access NUV Lifecycle 2060 T4	2,424	2,051
American Funds 2010 Target Date R3	556,568	509,835
American Funds 2015 Target Date R3	1,073	-
American Funds 2020 Target Date R3	758	-
American Funds 2025 Target Date R3	1,334,140	1,183,988
American Funds 2030 Target Date R3	534,530	361,408
American Funds 2035 Target Date R3	642,972	482,664
American Funds 2040 Target Date R3	1,168,198	886,072
American Funds 2045 Target Date R3	1,303,687	856,649
American Funds 2050 Target Date R3	1,119,048	843,026
American Funds 2055 Target Date R3	284,865	356,395
American Funds 2060 Target Date R3	458,460	327,254
American Funds 2065 Target Date R3	26,758	2,396
Western Asset Core Bond	-	52,845
Vanguard Total Bond Market Index Admiral	176,884	121,850
Fidelity Advisor Strategic Income A	74,950	44,739
AB Bond Inflation Strategy A	49,274	44,511
Victory Pioneer Equity Income A	117,625	93,292
Vanguard 500 Index F	1,394,450	1,091,397
Nuveen Large Cap Equity Resp	95,971	84,778
AB Large Cap Growth A	1,061,864	876,547
Touchstone Mid Cap	-	122,754
Goldman Sachs Small Cap Equity Insights A	104,624	73,178
BNY Mellon Global Stock	-	234,119
Goldman Sachs Int'l Equity Insights	56,805	26,872
Vanguard Total Int'l Stock Index Admiral	210,913	141,167
Nuveen Real Estate Securities Sel R	216,353	190,808
Fidelity Advisor Invest Grade BD A	66,120	-
Invesco Opp Main St Mid Cap A	158,571	-
Registered Investment Company	17,647,323	14,922,697

(3) Investments (Unaudited), continued

	2025	2024
TIAA Traditional	2,660,607	2,722,693
Prudential Guaranteed Income Fund	236,574	234,355
Fully Allocated Insurance Accounts	2,897,181	2,957,048
QPA Series III	251,651	250,423
Tax Sheltered Annuities	251,651	250,423
Pioneer US Government Money Market	7,511	3,091
Cash and equivalents	7,511	3,091
Total investments	$ 21,083,576	18,412,295
Realized and unrealized gains (losses), net	$ 2,044,674	1,838,670
Investment earnings	$ 642,140	398,086
Benefits paid to participants	$(1,173,930)	(1,710,945)

(4) Termination of the Plan

Although it has not expressed any intent to do so, the School has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

(5) Department of Labor Required Disclosures

During the years ended December 31, 2025 and 2024 deposits to the Plan of all employee deferrals (contributions) were made timely in accordance with Department of Labor regulations.

(6) Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures,* establishes a framework for measuring fair value. That 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 under ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include

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

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

(6) Fair Value Measurements, continued

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Variable annuity contracts: Valued by primarily using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value investments including matrix pricing or by using external appraisals, for real estate, which are estimates of property values based on a professional's opinion. Unit values are calculated daily.

Fixed annuity contracts: Valued at Contract Value, which approximates fair value and equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less any withdrawals and transfers, if any. The quantitative information in the fair value measurement includes using a discounted cash flow as the valuation technique with a risk-adjusted discount rate as the unobservable input. The range of rates used for the retirement annuities valuation is 3.55% - 6.50% for 2025 and 3.65% - 6.50% for 2024.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

(6) Fair Value Measurements, continued

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Variable annuity contracts	$ 279,910	-	-	279,910
Mutual funds	17,647,323	-	-	17,647,323
Fixed annuity contracts	-	-	3,148,832	3,148,832
Cash and equivalents	7,511	-	-	7,511
Total assets at fair value	$17,934,744	-	3,148,832	21,083,576

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Variable annuity contracts	$ 279,036	-	-	279,036
Mutual funds	14,922,697	-	-	14,922,697
Fixed annuity contracts	-	-	3,207,471	3,207,471
Cash and equivalents	3,091	-	-	3,091
Total assets at fair value	$15,204,824	-	3,207,471	18,412,295

(7) Risks and Uncertainties

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

(8) Subsequent Events

Subsequent events have been evaluated by management through October 12, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

TRINITY SCHOOL OF MIDLAND, INC.
403(b) Plan
EIN 75-0995808 PN002
Sch. H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 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	(d) Cost	(e) Current value
*	TIAA-CREF Financial Services	TIAA-Real Estate	**	$ 279,910
		Pooled Separate Account		279,910
*	TIAA-CREF Financial Services	CREF Total Global Stock R1	**	1,718,243
*	TIAA-CREF Financial Services	CREF Money Market R1	**	252,884
*	TIAA-CREF Financial Services	CREF Responsible Balanced R1	**	114,145
*	TIAA-CREF Financial Services	CREF Core Bond R1	**	172,426
*	TIAA-CREF Financial Services	CREF Global Equities R1	**	670,018
*	TIAA-CREF Financial Services	CREF Growth R1	**	1,244,454
*	TIAA-CREF Financial Services	CREF S&P 500 Index R1	**	1,968,534
*	TIAA-CREF Financial Services	CREF Inflation-Linked Bond R1	**	92,267
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2020 T4	**	12,733
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2025 T4	**	2,389
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2030 T4	**	16,471
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2035 T4	**	6,673
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2040 T4	**	31,501
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2045 T4	**	35,181
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2050 T4	**	14,585
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2055 T4	**	76,934
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2060 T4	**	2,424
*	Charles Schwab Trust Bank	American Funds 2010 Target Date R3	**	556,568
*	Charles Schwab Trust Bank	American Funds 2015 Target Date R3	**	1,073
*	Charles Schwab Trust Bank	American Funds 2020 Target Date R3	**	758
*	Charles Schwab Trust Bank	American Funds 2025 Target Date R3	**	1,334,140
*	Charles Schwab Trust Bank	American Funds 2030 Target Date R3	**	534,530
*	Charles Schwab Trust Bank	American Funds 2035 Target Date R3	**	642,972
*	Charles Schwab Trust Bank	American Funds 2040 Target Date R3	**	1,168,198
*	Charles Schwab Trust Bank	American Funds 2045 Target Date R3	**	1,303,687
*	Charles Schwab Trust Bank	American Funds 2050 Target Date R3	**	1,119,048
*	Charles Schwab Trust Bank	American Funds 2055 Target Date R3	**	284,865
*	Charles Schwab Trust Bank	American Funds 2060 Target Date R3	**	458,460
*	Charles Schwab Trust Bank	American Funds 2065 Target Date R3	**	26,758
*	Charles Schwab Trust Bank	Fidelity Advisor Investment GR BD A	**	66,120
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Admiral	**	176,884
*	Charles Schwab Trust Bank	Fidelity Advisor Strategic Income A	**	74,950
*	Charles Schwab Trust Bank	AB Bond Inflation Strategy A	**	49,274
*	Charles Schwab Trust Bank	Victory Pioneer Equity Income A	**	117,625
*	Charles Schwab Trust Bank	Vanguard 500 Index F	**	1,394,450
*	Charles Schwab Trust Bank	Nuveen Large Cap Resp Equity	**	95,971
*	Charles Schwab Trust Bank	AB Large Cap Growth A	**	1,061,864
*	Charles Schwab Trust Bank	Goldman Sachs Small Cap Equity Insights	**	104,624
*	Charles Schwab Trust Bank	Invesco Oppenheimer Main St Midcap A	**	158,571
*	Charles Schwab Trust Bank	Goldman Sachs Int'l Equity Insights A	**	56,805
*	Charles Schwab Trust Bank	Vanguard Total Int'l Stock Index Admiral	**	210,913
*	Charles Schwab Trust Bank	Nuveen Real Estate Sec Sel R	**	216,353
		Registered Investment Company		17,647,323
*	TIAA-CREF Financial Services	TIAA Traditional	**	2,660,607
*	Charles Schwab Trust Bank	Prudential Guaranteed Income Fund	**	236,574
		Fully Allocated Insurance Accounts		2,897,181
*	Symetra Life Insurance Company	QPA Series III	**	251,651
		Tax Sheltered Annuities		251,651
*	Charles Schwab Trust Bank	Pioneer US Government Money Market	**	7,511
		Cash and equivalents		7,511
				$21,083,576

* Party in Interest
** Information not provided by TIAA-CREF Financial Services, Symetra Life Insurance Company, or Charles Schwab Trust Bank

TRINITY SCHOOL OF MIDLAND, INC.
403(b) Plan
EIN 75-0995808 PN002
Sch. H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, Or similar party	(c) Description of investment Including Maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	TIAA-CREF Financial Services	TIAA-Real Estate	**	$ 279,036
		Pooled Separate Account		279,036
*	TIAA-CREF Financial Services	CREF Stock	**	1,530,376
*	TIAA-CREF Financial Services	CREF Money Market	**	222,639
*	TIAA-CREF Financial Services	CREF Social Choice	**	126,149
*	TIAA-CREF Financial Services	CREF Core Bond	**	181,831
*	TIAA-CREF Financial Services	CREF Global Equities	**	578,208
*	TIAA-CREF Financial Services	CREF Growth	**	1,148,770
*	TIAA-CREF Financial Services	CREF Equity Index	**	1,815,103
*	TIAA-CREF Financial Services	CREF Inflation-Linked Bond	**	104,093
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2020	**	33,521
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2025	**	12,018
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2030	**	5,724
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2035	**	5,831
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2040	**	27,121
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2045	**	43,143
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2050	**	12,376
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2055	**	65,199
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2060	**	2,051
*	Charles Schwab Trust Bank	American Funds 2010 Target Date R3	**	509,835
*	Charles Schwab Trust Bank	American Funds 2025 Target Date R3	**	1,183,988
*	Charles Schwab Trust Bank	American Funds 2030 Target Date R3	**	361,408
*	Charles Schwab Trust Bank	American Funds 2035 Target Date R3	**	482,664
*	Charles Schwab Trust Bank	American Funds 2040 Target Date R3	**	886,072
*	Charles Schwab Trust Bank	American Funds 2045 Target Date R3	**	856,649
*	Charles Schwab Trust Bank	American Funds 2050 Target Date R3	**	843,026
*	Charles Schwab Trust Bank	American Funds 2055 Target Date R3	**	356,395
*	Charles Schwab Trust Bank	American Funds 2060 Target Date R3	**	327,254
*	Charles Schwab Trust Bank	American Funds 2065 Target Date R3	**	2,396
*	Charles Schwab Trust Bank	Western Asset Core Bond	**	52,845
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Admiral	**	121,850
*	Charles Schwab Trust Bank	Fidelity Advisor Strategic Income	**	44,739
*	Charles Schwab Trust Bank	AB Bond Inflation Strategy	**	44,511
*	Charles Schwab Trust Bank	Pioneer Equity Income	**	93,292
*	Charles Schwab Trust Bank	Vanguard 500 Index Admiral	**	1,091,397
*	Charles Schwab Trust Bank	Nuveen Large Cap Resp Equity	**	84,778
*	Charles Schwab Trust Bank	AB Large Cap Growth	**	876,547
*	Charles Schwab Trust Bank	Touchstone Mid Cap	**	122,754
*	Charles Schwab Trust Bank	Goldman Sachs Small Cap Equity Insights	**	73,178
*	Charles Schwab Trust Bank	BNY Mellon Global Stock	**	234,119
*	Charles Schwab Trust Bank	Goldman Sachs Int'l Equity Insights	**	26,872
*	Charles Schwab Trust Bank	Vanguard Total Int'l Stock Index Admiral	**	141,167
*	Charles Schwab Trust Bank	Nuveen Real Estate Sec Sel R	**	190,808
		Registered Investment Company		14,922,697
*	TIAA-CREF Financial Services	TIAA Traditional	**	2,722,693
*	Charles Schwab Trust Bank	Prudential Guaranteed Income Fund	**	234,355
		Fully Allocated Insurance Accounts		2,957,048
*	Symetra Life Insurance Company	QPA Series III	**	250,423
		Tax Sheltered Annuities		250,423
*	Charles Schwab Trust Bank	Pioneer US Government Money Market	**	3,091
		Cash and equivalents		3,091
				$18,412,295

* Party in Interest
** Information not provided by TIAA-CREF Financial Services, Symetra Life Insurance Company, or Charles Schwab Trust Bank

TRINITY SCHOOL OF MIDLAND, INC.
403(b) Plan
EIN 75-0995808 PN002
Sch. H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 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	(d) Cost	(e) Current value
*	TIAA-CREF Financial Services	TIAA-Real Estate	**	$ 279,910
		Pooled Separate Account		279,910
*	TIAA-CREF Financial Services	CREF Total Global Stock R1	**	1,718,243
*	TIAA-CREF Financial Services	CREF Money Market R1	**	252,884
*	TIAA-CREF Financial Services	CREF Responsible Balanced R1	**	114,145
*	TIAA-CREF Financial Services	CREF Core Bond R1	**	172,426
*	TIAA-CREF Financial Services	CREF Global Equities R1	**	670,018
*	TIAA-CREF Financial Services	CREF Growth R1	**	1,244,454
*	TIAA-CREF Financial Services	CREF S&P 500 Index R1	**	1,968,534
*	TIAA-CREF Financial Services	CREF Inflation-Linked Bond R1	**	92,267
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2020 T4	**	12,733
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2025 T4	**	2,389
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2030 T4	**	16,471
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2035 T4	**	6,673
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2040 T4	**	31,501
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2045 T4	**	35,181
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2050 T4	**	14,585
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2055 T4	**	76,934
*	TIAA-CREF Financial Services	TIAA Access NUV Lifecycle 2060 T4	**	2,424
*	Charles Schwab Trust Bank	American Funds 2010 Target Date R3	**	556,568
*	Charles Schwab Trust Bank	American Funds 2015 Target Date R3	**	1,073
*	Charles Schwab Trust Bank	American Funds 2020 Target Date R3	**	758
*	Charles Schwab Trust Bank	American Funds 2025 Target Date R3	**	1,334,140
*	Charles Schwab Trust Bank	American Funds 2030 Target Date R3	**	534,530
*	Charles Schwab Trust Bank	American Funds 2035 Target Date R3	**	642,972
*	Charles Schwab Trust Bank	American Funds 2040 Target Date R3	**	1,168,198
*	Charles Schwab Trust Bank	American Funds 2045 Target Date R3	**	1,303,687
*	Charles Schwab Trust Bank	American Funds 2050 Target Date R3	**	1,119,048
*	Charles Schwab Trust Bank	American Funds 2055 Target Date R3	**	284,865
*	Charles Schwab Trust Bank	American Funds 2060 Target Date R3	**	458,460
*	Charles Schwab Trust Bank	American Funds 2065 Target Date R3	**	26,758
*	Charles Schwab Trust Bank	Fidelity Advisor Investment GR BD A	**	66,120
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Admiral	**	176,884
*	Charles Schwab Trust Bank	Fidelity Advisor Strategic Income A	**	74,950
*	Charles Schwab Trust Bank	AB Bond Inflation Strategy A	**	49,274
*	Charles Schwab Trust Bank	Victory Pioneer Equity Income A	**	117,625
*	Charles Schwab Trust Bank	Vanguard 500 Index F	**	1,394,450
*	Charles Schwab Trust Bank	Nuveen Large Cap Resp Equity	**	95,971
*	Charles Schwab Trust Bank	AB Large Cap Growth A	**	1,061,864
*	Charles Schwab Trust Bank	Goldman Sachs Small Cap Equity Insights	**	104,624
*	Charles Schwab Trust Bank	Invesco Oppenheimer Main St Midcap A	**	158,571
*	Charles Schwab Trust Bank	Goldman Sachs Int'l Equity Insights A	**	56,805
*	Charles Schwab Trust Bank	Vanguard Total Int'l Stock Index Admiral	**	210,913
*	Charles Schwab Trust Bank	Nuveen Real Estate Sec Sel R	**	216,353
		Registered Investment Company		17,647,323
*	TIAA-CREF Financial Services	TIAA Traditional	**	2,660,607
*	Charles Schwab Trust Bank	Prudential Guaranteed Income Fund	**	236,574
		Fully Allocated Insurance Accounts		2,897,181
*	Symetra Life Insurance Company	QPA Series III	**	251,651
		Tax Sheltered Annuities		251,651
*	Charles Schwab Trust Bank	Pioneer US Government Money Market	**	7,511
		Cash and equivalents		7,511
				$21,083,576

* Party in Interest
** Information not provided by TIAA-CREF Financial Services, Symetra Life Insurance Company, or Charles Schwab Trust Bank

TRINITY SCHOOL OF MIDLAND, INC.
403(b) Plan
EIN 75-0995808 PN002
Sch. H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, Or similar party	(c) Description of investment Including Maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	TIAA-CREF Financial Services	TIAA-Real Estate	**	$ 279,036
		Pooled Separate Account		279,036
*	TIAA-CREF Financial Services	CREF Stock	**	1,530,376
*	TIAA-CREF Financial Services	CREF Money Market	**	222,639
*	TIAA-CREF Financial Services	CREF Social Choice	**	126,149
*	TIAA-CREF Financial Services	CREF Core Bond	**	181,831
*	TIAA-CREF Financial Services	CREF Global Equities	**	578,208
*	TIAA-CREF Financial Services	CREF Growth	**	1,148,770
*	TIAA-CREF Financial Services	CREF Equity Index	**	1,815,103
*	TIAA-CREF Financial Services	CREF Inflation-Linked Bond	**	104,093
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2020	**	33,521
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2025	**	12,018
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2030	**	5,724
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2035	**	5,831
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2040	**	27,121
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2045	**	43,143
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2050	**	12,376
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2055	**	65,199
*	TIAA-CREF Financial Services	TIAA Access Lifecycle 2060	**	2,051
*	Charles Schwab Trust Bank	American Funds 2010 Target Date R3	**	509,835
*	Charles Schwab Trust Bank	American Funds 2025 Target Date R3	**	1,183,988
*	Charles Schwab Trust Bank	American Funds 2030 Target Date R3	**	361,408
*	Charles Schwab Trust Bank	American Funds 2035 Target Date R3	**	482,664
*	Charles Schwab Trust Bank	American Funds 2040 Target Date R3	**	886,072
*	Charles Schwab Trust Bank	American Funds 2045 Target Date R3	**	856,649
*	Charles Schwab Trust Bank	American Funds 2050 Target Date R3	**	843,026
*	Charles Schwab Trust Bank	American Funds 2055 Target Date R3	**	356,395
*	Charles Schwab Trust Bank	American Funds 2060 Target Date R3	**	327,254
*	Charles Schwab Trust Bank	American Funds 2065 Target Date R3	**	2,396
*	Charles Schwab Trust Bank	Western Asset Core Bond	**	52,845
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Admiral	**	121,850
*	Charles Schwab Trust Bank	Fidelity Advisor Strategic Income	**	44,739
*	Charles Schwab Trust Bank	AB Bond Inflation Strategy	**	44,511
*	Charles Schwab Trust Bank	Pioneer Equity Income	**	93,292
*	Charles Schwab Trust Bank	Vanguard 500 Index Admiral	**	1,091,397
*	Charles Schwab Trust Bank	Nuveen Large Cap Resp Equity	**	84,778
*	Charles Schwab Trust Bank	AB Large Cap Growth	**	876,547
*	Charles Schwab Trust Bank	Touchstone Mid Cap	**	122,754
*	Charles Schwab Trust Bank	Goldman Sachs Small Cap Equity Insights	**	73,178
*	Charles Schwab Trust Bank	BNY Mellon Global Stock	**	234,119
*	Charles Schwab Trust Bank	Goldman Sachs Int'l Equity Insights	**	26,872
*	Charles Schwab Trust Bank	Vanguard Total Int'l Stock Index Admiral	**	141,167
*	Charles Schwab Trust Bank	Nuveen Real Estate Sec Sel R	**	190,808
		Registered Investment Company		14,922,697
*	TIAA-CREF Financial Services	TIAA Traditional	**	2,722,693
*	Charles Schwab Trust Bank	Prudential Guaranteed Income Fund	**	234,355
		Fully Allocated Insurance Accounts		2,957,048
*	Symetra Life Insurance Company	QPA Series III	**	250,423
		Tax Sheltered Annuities		250,423
*	Charles Schwab Trust Bank	Pioneer US Government Money Market	**	3,091
		Cash and equivalents		3,091
				$18,412,295

* Party in Interest
** Information not provided by TIAA-CREF Financial Services, Symetra Life Insurance Company, or Charles Schwab Trust Bank