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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|---|--|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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: 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

| | |
|--|--|
| <p>1a Name of plan <u>SANTA CATALINA SCHOOL DC PLAN RETIREMENT PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>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) <u>SANTA CATALINA SCHOOL</u> <u>SANTA CATALINA SCHOOL</u> <u>RONALD KELLERMANN</u> <u>1500 MARK THOMAS DR</u> <u>MONTEREY, CA 93940-5238</u></p> | <p>1c Effective date of plan <u>01/01/1987</u></p> <p>2b Employer Identification Number (EIN) <u>94-1156652</u></p> <p>2c Plan Sponsor's telephone number <u>831-655-9334</u></p> <p>2d Business code (see instructions) <u>611000</u></p> |

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. | 02/06/2026 | RONALD KELLERMANN |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 02/06/2026 | RONALD KELLERMANN |
| | 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 <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 318 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 124 |
| | 6a(2) | 138 |
| | 6b | 0 |
| | 6c | 178 |
| | 6d | 316 |
| | 6e | 3 |
| | 6f | 319 |
| | 6g(1) | 316 |
| 6g(2) | 316 | |
| 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 Characteristics Codes in the instructions:
2L

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

| | | |
|---|--|--|
| A Name of plan SANTA CATALINA SCHOOL DC PLAN RETIREMENT PLAN | | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SANTA CATALINA SCHOOL | | D Employer Identification Number (EIN) 94-1156652 |

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 | 500835 | 194 | 09/01/2024 | 08/31/2025 |

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

| | |
|---|--|
| (a) Total amount of commissions paid 0 | (b) Total amount of fees paid 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 | 8957531 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 18114798 |

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** 8933643

| | | |
|---|--------------|--------|
| c Additions: (1) Contributions deposited during the year | 7c(1) | 101164 |
| | 7c(2) | 0 |
| | 7c(3) | 377051 |
| | 7c(4) | 822790 |
| | 7c(5) | 4633 |

(6) Total additions **7c(6)** 1305638

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 10239281

e Deductions:

| | | |
|---|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 661614 |
| (2) Administration charge made by carrier..... | 7e(2) | 0 |
| (3) Transferred to separate account | 7e(3) | 620131 |
| (4) Other (specify below) | 7e(4) | 5 |

(5) Total deductions **7e(5)** 1281750

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 8957531

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

| | | |
|---|--|------------|
| A Name of plan SANTA CATALINA SCHOOL DC PLAN RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SANTA CATALINA SCHOOL | D Employer Identification Number (EIN) 94-1156652 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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

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

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

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

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017-3206

13-1624203

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| | | 575 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

| | | |
|--|---|--|
| (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: MOSS ADAMS, LLP | b EIN: 91-0189318 |
| c Position: AUDITORS | |
| d Address: 300 SANTANA ROW SAN JOSE, CA 95128 | e Telephone: 408-558-7575 |

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY, LLP ON JUNE 3, 2025

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

| | | |
|--|--|------------|
| A Name of plan <u>SANTA CATALINA SCHOOL DC PLAN RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SANTA CATALINA SCHOOL</u> | D Employer Identification Number (EIN) <u>94-1156652</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

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 <u>13-1624205-004</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>439346</u> |
|---------------------------------------|-------------------------------|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025 | |
| A Name of plan SANTA CATALINA SCHOOL DC PLAN RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SANTA CATALINA SCHOOL | D Employer Identification Number (EIN) 94-1156652 |

| | |
|---------------|--------------------------------------|
| 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.

| | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | 144811 |
| (9) Value of interest in common/collective trusts | 1c(9) | |
| (10) Value of interest in pooled separate accounts | 1c(10) | 403439 |
| (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) | 32246986 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 8933643 |
| (15) Other..... | 1c(15) | 142720 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 41728879 | 43664923 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 47636 | 53714 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 47636 | 53714 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 41681243 | 43611209 |

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) | 695279 | |
| (B) Participants..... | 2a(1)(B) | 992675 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 261469 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 1949423 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 12128 | |
| (F) Other..... | 2b(1)(F) | 377051 | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 389179 |
| (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) | 538156 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 538156 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 11710 |
| (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) | | 3410401 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 6298869 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 3972906 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 395647 | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 4368553 |
| 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) | 350 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 350 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 4368903 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1929966 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

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

| | | |
|---|--|------------|
| A Name of plan SANTA CATALINA SCHOOL DC PLAN RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SANTA CATALINA SCHOOL | D Employer Identification Number (EIN) 94-1156652 | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-2826183

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Report of Independent Auditors and
Financial Statements with Supplemental Schedule

Santa Catalina School DC Retirement Plan

August 31, 2025 and 2024

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Report of Independent Auditors

The Board of Trustees of
Santa Catalina School DC Retirement Plan

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Santa Catalina School DC Retirement 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 August 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended August 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of August 31, 2025 and 2024, and for the year ended August 31, 2025, stating that the certified investment information, as described in Note 6 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Santa Catalina School DC Retirement 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 GAAP, 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 Santa Catalina School DC Retirement Plan's ability to continue as a going concern within one year after the date that 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 judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Santa Catalina School DC Retirement 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 Santa Catalina School DC Retirement 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 certification, 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 GAAP.

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 GAAP.

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 Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of August 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

San Jose, California
February 4, 2026

Financial Statements

Santa Catalina School DC Retirement Plan
Statements of Net Assets Available for Benefits
August 31, 2025 and 2024

| | 2025 | 2024 |
|--|----------------------|----------------------|
| ASSETS | | |
| Investments at fair value | | |
| Registered investment companies | \$ 33,157,564 | \$ 31,480,334 |
| Fixed annuity contracts | 8,844,546 | 8,765,410 |
| Money market fund | 967,762 | 766,652 |
| Pooled separate account | 439,346 | 403,439 |
| Total investments at fair value | 43,409,218 | 41,415,835 |
| Investments at contract value | | |
| Fixed annuity contracts | 112,985 | 168,233 |
| Notes receivable from participants | 142,720 | 144,811 |
| Total assets | 43,664,923 | 41,728,879 |
| LIABILITIES | | |
| Payable to TIAA and CREF | 53,714 | 47,636 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 43,611,209 | \$ 41,681,243 |

See accompanying notes.

Santa Catalina School DC Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended August 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income

| | |
|---|------------------|
| Dividends and interest | \$ 538,156 |
| Net realized and unrealized appreciation in fair value of investments | <u>3,799,162</u> |

| | |
|-----------------------|------------------|
| Net investment income | <u>4,337,318</u> |
|-----------------------|------------------|

| | |
|---|---------------|
| Interest income on notes receivable from participants | <u>12,128</u> |
|---|---------------|

CONTRIBUTIONS

| | |
|---------------|----------------|
| Participants' | 992,675 |
| Employer | 695,279 |
| Rollovers | <u>261,469</u> |

| | |
|---------------------|------------------|
| Total contributions | <u>1,949,423</u> |
|---------------------|------------------|

| | |
|-----------------|------------------|
| Total additions | <u>6,298,869</u> |
|-----------------|------------------|

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

| | |
|---------------------|------------|
| Benefit payments | 4,368,553 |
| Administrative fees | <u>350</u> |

| | |
|------------------|------------------|
| Total deductions | <u>4,368,903</u> |
|------------------|------------------|

| | |
|--------------------------|-----------|
| NET CHANGE IN NET ASSETS | 1,929,966 |
|--------------------------|-----------|

NET ASSETS AVAILABLE FOR BENEFITS

| | |
|-------------------|-------------------|
| Beginning of year | <u>41,681,243</u> |
|-------------------|-------------------|

| | |
|-------------|----------------------|
| End of year | <u>\$ 43,611,209</u> |
|-------------|----------------------|

See accompanying notes.

Santa Catalina School DC Retirement Plan

Notes to Financial Statements

Note 1 – The Plan and Its Significant Accounting Policies

General – The following description of Santa Catalina School (the School) DC Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement and amendments for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan, structured under Section 403(b) of the Internal Revenue Code (the Code). The Plan was established on January 1, 1987, and most recently restated on September 1, 2024. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration – The School has contracted with Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA and CREF), to act as the custodian, and as the third-party administrator to process and maintain the records of participant data.

Basis of accounting – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates – The preparation of financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition – The investments are reported at fair value and contract value. The Plan's custodian certifies the contract value of the fully benefit-responsive fixed annuity contracts, and the fair market value of all other investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 2 for discussion of fair value measurements.

Contract value is the relevant measurement for assets invested in fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Santa Catalina School DC Retirement Plan

Notes to Financial Statements

Contributions – Contributions from participants, corresponding employer matching contributions, and other employer contributions are recorded in the year in which the participant contributions are withheld from compensation.

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents the unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan agreement. No allowance for credit losses had been recorded as of August 31, 2025 or 2024.

Payment of benefits – Distributions to participants are recorded when paid.

Expenses – Administrative expenses of the Plan are paid by either the Plan or the School, as provided in the Plan agreement. Administrative expenses paid by the Plan may include notes receivable and distribution fees charged to participants' accounts and administrative Plan fees. Investment-related expenses are included in net appreciation in fair value of investments.

Income taxes – The Plan has been designed to qualify under Section 403(b) of the Code. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for participants under Section 403(b).

In accordance with guidance on accounting for uncertainty in income taxes, the Plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to 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.

Risks and uncertainties – The Plan provides for various investment options in 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in value due to these risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits.

Subsequent events – The Plan has evaluated subsequent events through February 4, 2026, which is the date the financial statements were available to be issued.

Santa Catalina School DC Retirement Plan

Notes to Financial Statements

Note 2 – Fair Value Measurements

The framework for measuring fair value provides a 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy 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; and inputs that are derived principally from or corroborated by observable market data or correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest priority 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.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the techniques used at August 31, 2025 and 2024.

Registered investment companies and money market fund – Valued at the daily closing price as reported by the fund. The registered investment companies and money market fund held by the Plan are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds, held by the Plan, are deemed to be actively traded.

Fixed annuity contracts – Valued based on the accumulated cash contributions and interest credited to the Plan's contract, less any withdrawals. Fair value is determined and reported to the Plan by TIAA and CREF. Investments in the contracts are intended to be held until maturity; early liquidation could result in a termination charge.

Pooled separate account – Units held in the pooled separate account (PSA) are valued using the NAV practical expedient of the PSA as reported by the account manager. The NAV practical expedient is based on the fair value of the underlying assets owned by the PSA, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient of the PSA is calculated based on a compilation of primarily observable market information. Trades generally settle daily with no required redemption notice period.

Santa Catalina School DC Retirement Plan

Notes to Financial Statements

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at August 31, 2025 and 2024:

| | August 31, 2025 | | | Total |
|--|----------------------|-------------|---------------------|----------------------|
| | Level 1 | Level 2 | Level 3 | |
| Registered investment companies | \$ 33,157,564 | \$ - | \$ - | \$ 33,157,564 |
| Fixed annuity contracts | - | - | 8,844,546 | 8,844,546 |
| Money market fund | 967,762 | - | - | 967,762 |
| Total assets in the fair value hierarchy | <u>\$ 34,125,326</u> | <u>\$ -</u> | <u>\$ 8,844,546</u> | 42,969,872 |
| Investment measured at NAV practical expedient | | | | 439,346 |
| Total investments at fair value | | | | <u>\$ 43,409,218</u> |

| | August 31, 2024 | | | Total |
|--|----------------------|-------------|---------------------|----------------------|
| | Level 1 | Level 2 | Level 3 | |
| Registered investment companies | \$ 31,480,334 | \$ - | \$ - | \$ 31,480,334 |
| Fixed annuity contracts | - | - | 8,765,410 | 8,765,410 |
| Money market fund | 766,652 | - | - | 766,652 |
| Total assets in the fair value hierarchy | <u>\$ 32,246,986</u> | <u>\$ -</u> | <u>\$ 8,765,410</u> | 41,012,396 |
| Investment measured at NAV practical expedient | | | | 403,439 |
| Total investments at fair value | | | | <u>\$ 41,415,835</u> |

The following table includes purchases of investments classified within Level 3 of the fair value hierarchy for the year ended August 31, 2025:

| | TIAA Traditional Annuity (non- fully benefit- responsive) | TIAA Traditional Annuity 2 (non- fully benefit- responsive) |
|----------------------|--|--|
| Investment purchases | <u>\$ -</u> | <u>\$ 98,512</u> |

There were no material transfers in or out of Level 3 during the year ended August 31, 2025.

Santa Catalina School DC Retirement Plan

Notes to Financial Statements

Quantitative information about significant unobservable inputs used in Level 3 fair value measurements as of August 31, 2025 and 2024, is provided below:

| Name | August 31, 2025 Fair Value | August 31, 2024 Fair Value | Valuation Technique | Unobservable Inputs | 2025 Range of Input Values | 2024 Range of Input Values |
|--|----------------------------------|----------------------------------|--------------------------------------|-----------------------------|----------------------------------|----------------------------------|
| TIAA Traditional Annuity (Non-fully benefit-responsive) | \$ 7,830,448 | \$ 7,994,849 | Discounted cash flow | Risk-adjusted discount rate | 3.15% to 6.00% | 3.50% to 6.25% |
| TIAA Traditional Annuity 2 (Non-fully benefit-responsive) | \$ 1,014,098 | \$ 770,561 | Theoretical transfer (exit value) | Risk-adjusted discount rate | 3.90% to 6.75% | 4.25% to 7.00% |

Note 3 – Fixed Annuity Contracts with TIAA and CREF

The Plan has certain fixed annuity investment contracts with TIAA and CREF, including contracts that are fully benefit-responsive and contracts that are not fully benefit-responsive. TIAA and CREF maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Teachers Insurance and Annuity Association of America is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

For investment contracts that are fully benefit-responsive, contract value, rather than fair value, is the relevant measurement attribute because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1% or 3% depending on the contract. Such interest rates are reviewed on a periodic basis for resetting.

The fixed annuity contracts do not permit TIAA and CREF to terminate the agreements prior to the scheduled maturity date.

Interest rates on the Plan's fixed annuity contracts for the fiscal year ended August 31, 2025, were as follows:

| | Guaranteed Interest Rate | Interest Rate Credited to Participants |
|--------------------------|-----------------------------|--|
| TIAA Traditional Annuity | | |
| Benefit-responsive | 3.00% | 4.25% |
| Non-benefit-responsive | 3.00% | 5.00% |
| Non-benefit-responsive 2 | 3.00% | 5.25% |
| TIAA Stable Value | 1.00% | 2.54% |

Santa Catalina School DC Retirement Plan Notes to Financial Statements

Note 4 – Participation and Benefits

Eligibility – Effective September 1, 2024, all employees, except for limited part-time and temporary employees, are eligible to make elective deferrals. Employees must reach age 18 to become eligible to receive employer contributions.

Participant contributions – Each year, participants may contribute a portion of their pretax annual compensation, as defined in the Plan, limited to the maximum amount allowed by the Code. Effective September 1, 2024, participants may also elect to make Roth contributions utilizing after-tax contributions. Additionally, participants aged 50 and older may make catch-up contributions.

Participants may also make rollover contributions from another qualified retirement plan. Such contributions are deposited in the appropriate investment funds in accordance with the participant's direction and the Plan's provisions.

Employer contributions – The School makes matching contributions equal to 100% of participant contributions to the Plan when such participant contributions equal 3%, 4%, 5%, or 6% of their annual compensation. Effective September 1, 2024, the School may make discretionary employer contributions. No discretionary employer contributions were made for the year ended August 31, 2025.

In addition to the matching employer contributions described above, the School makes employer contributions based on years of service using the following schedule:

| Years of Service | Additional Service-Based Employer Contribution |
|---|---|
| Employees with less than 10 | 0% |
| Employees with 10 or more, but less than 15 | 2% |
| Employees with 15 or more, but less than 20 | 3% |
| Employees with 20 or greater | 4% |

Participant accounts – Individual accounts are maintained for each Plan participant. Each participant may elect to have his or her individual account invested in any combination of the investment options available under the Plan.

Vesting – Participants are immediately vested in their contributions, matching, and other employer contributions made on their behalf, plus actual earnings thereon.

Payment of benefits – Upon retirement, termination, disability, or death, the value of the participant's account may be distributed in a lump sum payment, in partial payments, or in installments over a period not exceeding the participant's or their beneficiary's life expectancy or applied toward the purchase of an annuity contract. With the Plan administrator's approval, participants may withdraw all or part of their elective deferrals and a portion of employer contributions held in annuity contracts in the event of financial hardship.

Santa Catalina School DC Retirement Plan

Notes to Financial Statements

Notes receivable from participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, reduced by the excess of the participant's highest outstanding loan balance during the 12-month period ending on the date of the loan over the participant's current outstanding loan balance on the date of the loan. Loans are secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case the term may be longer. Under the terms of the Plan agreement, Plan loans will bear interest at a fixed rate equal to prime rate plus 1%. As of August 31, 2025, the rates of interest on outstanding loans ranged from 4.25% to 9.50%, with various maturities through March 2030.

Plan loans and payable to TIAA and CREF – Participants may borrow from TIAA and CREF the lesser of amounts up to \$50,000 or 50% of their elective deferral account balance. Such loans are made by TIAA and CREF and collateralized by the participant's TIAA Traditional Annuity account balance to cover 110% of the outstanding loan balance. Loan payments are made by the participant directly to TIAA and CREF. Accordingly, such loans are not assets of the Plan and, as such, are not reported on the Plan's financial statements. Outstanding loans to participants totaled \$73,100 and \$89,851 at August 31, 2025 and 2024, respectively.

In the case of a loan default considered a "deemed distribution" to the Plan participant, under certain circumstances the collateral may not be offset, in whole or in part, against the outstanding loan balance until a triggering or distributable event (as defined in the Plan agreement) occurs. Until the occurrence of such event, the value of the defaulted Plan loan collateral is recorded as a payable to TIAA and CREF.

Note 5 – Party-in-Interest Transactions

Certain Plan investments are shares of registered investment companies and other funds managed by TIAA and CREF (the Plan's custodian). Any purchases and sales of these funds are open-market transactions at fair market value. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

Note 6 – Certified Investment Information

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and CREF, a qualified institution:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of August 31, 2025 and 2024.
- Net realized and unrealized appreciation in fair value of investments, dividends, interest, and interest income on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended August 31, 2025.
- Investments reflected on the schedule of assets (held at end of year) as of August 31, 2025.

Santa Catalina School DC Retirement Plan

Notes to Financial Statements

Note 7 – Reconciliation of Financial Statements to Form 5500

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

Note 8 – Plan Termination

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 set forth in ERISA.

**Supplemental Schedule
Required by the Department of Labor**

Santa Catalina School DC Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
August 31, 2025

Plan Sponsor: Santa Catalina School
Employer Identification Number: 94-1156652
Plan Number: 001
Schedule H, Line 4(i)

| (a) | (b) | (c) | (d) | (e) |
|--|---|------|----------------------|-----|
| Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value | |
| Teachers Insurance and Annuity Association of America - College Retirement Equities Fund: | | | | |
| * TIAA Traditional Annuity (fully benefit-responsive) | Fixed Annuity Contracts | ** | \$ 87,016 | * |
| * TIAA Traditional Annuity (non-fully benefit-responsive) | Fixed Annuity Contracts | ** | 7,830,448 | |
| * TIAA Traditional Annuity 2 (non-fully benefit-responsive) | Fixed Annuity Contracts | ** | 1,014,098 | |
| * TIAA Stable Value (fully benefit-responsive) | Fixed Annuity Contracts | ** | 25,969 | |
| * CREF Money Market R2 | Money Market Fund | ** | 967,762 | |
| * TIAA Real Estate | Pooled Separate Account | ** | 439,346 | |
| * CREF Equity Index R2 | Registered Investment Company | ** | 2,632,473 | |
| * CREF Growth R2 | Registered Investment Company | ** | 3,133,042 | |
| * CREF Stock R2 | Registered Investment Company | ** | 7,521,957 | |
| * CREF Core Bond R2 | Registered Investment Company | ** | 516,751 | |
| * CREF Global Equities R2 | Registered Investment Company | ** | 1,497,617 | |
| * CREF Inflation-Linked Bond R2 | Registered Investment Company | ** | 231,536 | |
| * CREF Social Choice R2 | Registered Investment Company | ** | 1,174,312 | |
| * Nuveen Lfcyle Idx 2010-Rtmt | Registered Investment Company | ** | 28,414 | |
| * Nuveen Lfcyle Idx 2015-Rtmt | Registered Investment Company | ** | 301,515 | |
| * Nuveen Lfcyle Idx 2020-Rtmt | Registered Investment Company | ** | 307,497 | |
| * Nuveen Lfcyle Idx 2025-Rtmt | Registered Investment Company | ** | 1,030,066 | |
| * Nuveen Lfcyle Idx 2030-Rtmt | Registered Investment Company | ** | 2,795,295 | |
| * Nuveen Lfcyle Idx 2035-Rtmt | Registered Investment Company | ** | 1,918,517 | |
| * Nuveen Lfcyle Idx 2040-Rtmt | Registered Investment Company | ** | 1,926,117 | |
| * Nuveen Lfcyle Idx 2045-Rtmt | Registered Investment Company | ** | 1,334,740 | |
| * Nuveen Lfcyle Idx 2050-Rtmt | Registered Investment Company | ** | 1,199,977 | |
| * Nuveen Lfcyle Idx 2055-Rtmt | Registered Investment Company | ** | 482,126 | |
| * Nuveen S&P 500 Idx-Rtmt | Registered Investment Company | ** | 1,177,447 | |
| * Nuveen Sm-Cap Bl Idx-Rtmt | Registered Investment Company | ** | 381,390 | |
| American Beacon Sm Cp Val Adv | Registered Investment Company | ** | 40,709 | |
| American Century Mid Cap Val A | Registered Investment Company | ** | 524,185 | |
| BlackRock InflationProtectBndA | Registered Investment Company | ** | 93,465 | |
| Cohen & Steers Realty Shares | Registered Investment Company | ** | 201,003 | |
| BNY Mellon Bond Market Index Inv | Registered Investment Company | ** | 4,983 | |
| Harding Loevner Emrg Mrkts Adv | Registered Investment Company | ** | 135,640 | |
| Invesco EQV International Eq A | Registered Investment Company | ** | 95,299 | |
| Metropolitan West Tot Ret Bd M | Registered Investment Company | ** | 57,354 | |
| PGIM Jennison Small Company A | Registered Investment Company | ** | 7,833 | |
| T. Rowe Price Growth Stock Adv | Registered Investment Company | ** | 32,459 | |
| * Nuveen Lfcyle Idx 2060-Rtmt | Registered Investment Company | ** | 318,394 | |
| AF EuroPacific Growth Fund R4 | Registered Investment Company | ** | 444,038 | |
| AF American Balanced Fund R4 | Registered Investment Company | ** | 537,617 | |
| CreditSusse MndtyRetStgy Inst | Registered Investment Company | ** | 7,468 | |
| John Hancock Discipline Val R4 | Registered Investment Company | ** | 165,653 | |
| * Nuveen Lfcyle Idx 2065-Rtmt | Registered Investment Company | ** | 101,111 | |
| Templeton Global Bond Class A | Registered Investment Company | ** | 64,546 | |
| Baird Short Term Bond Fund Inv | Registered Investment Company | ** | 93,375 | |
| Goldman Sachs Intl SmCplns Inv | Registered Investment Company | ** | 121,123 | |
| PGIM Jennison Growth A | Registered Investment Company | ** | 106,592 | |
| The Hartford Dividend Grw R4 | Registered Investment Company | ** | 323,272 | |
| Voya MidCap Opportunities A | Registered Investment Company | ** | 90,656 | |
| * Participant Loan Fund | Interest rates from 4.25% through 9.50%, maturing through March 2030 | -0- | 142,720 | |
| | | | <u>\$ 43,664,923</u> | |

* Party-in-interest.

** Information is not required as investments are participant-directed.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.



SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SANTA CATALINA SCHOOL

Activity for the Reporting Period: 09/01/2024 to 08/31/2025

| (A) | (B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (C) DESCRIPTION OF INVESTMENT | (D) COST | (E) CURRENT VALUE |
|-----|---|---|----------------|-------------------|
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Benefit Responsive | \$25,017.00 | \$33,301.65 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Non Benefit Responsive | \$5,530,130.53 | \$7,830,448.04 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Non Benefit Responsive 2 | \$875,018.79 | \$1,014,098.45 |
| * | College Retirement Equities Fund variable annuities | TIAA STABLE VALUE | \$24,232.53 | \$25,968.67 |
| | College Retirement Equities Fund variable annuities | Plan Loan Default Fund | \$53,714.20 | \$53,714.20 |
| * | College Retirement Equities Fund variable annuities | TIAA Real Estate | \$405,712.99 | \$439,346.27 |
| | College Retirement Equities Fund variable annuities | LOAN FUND | \$133,916.15 | \$133,916.15 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2010 Retire | \$26,359.25 | \$28,414.15 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2015 Retire | \$277,946.74 | \$301,515.01 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2020 Retire | \$266,555.94 | \$307,497.38 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2025 Retire | \$857,390.43 | \$1,030,065.66 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2030 Retire | \$2,217,395.79 | \$2,795,294.54 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2035 Retire | \$1,452,687.89 | \$1,918,517.19 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2040 Retire | \$1,292,884.58 | \$1,926,116.57 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2045 Retire | \$989,722.50 | \$1,334,740.84 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2050 Retire | \$826,223.31 | \$1,199,976.59 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2055 Retire | \$331,823.75 | \$482,125.88 |
| | College Retirement Equities Fund variable annuities | Nuveen S&P 500 Index Retire | \$839,138.69 | \$1,177,447.37 |
| | College Retirement Equities Fund variable annuities | Nuveen Small Cap Bld Idx Rtmt | \$332,205.63 | \$381,390.31 |
| | College Retirement Equities Fund variable annuities | American Beacon Sm Cp Val Adv | \$39,968.25 | \$40,708.62 |
| | College Retirement Equities Fund variable annuities | American Century Mid Cap Val A | \$511,410.41 | \$524,185.49 |
| | College Retirement Equities Fund variable annuities | BlackRock InflationProtectBndA | \$96,855.97 | \$93,464.61 |
| | College Retirement Equities Fund variable annuities | Cohen & Steers Realty Shares | \$192,579.33 | \$201,002.79 |
| | College Retirement Equities Fund variable annuities | BNY Mellon Bond Market Idx Inv | \$4,763.82 | \$4,983.34 |
| | College Retirement Equities Fund variable annuities | Harding Loevner Emrg Mrkts Adv | \$147,187.71 | \$135,640.41 |
| | College Retirement Equities Fund variable annuities | Invesco EQV International Eq A | \$108,055.37 | \$95,298.52 |
| | College Retirement Equities Fund variable annuities | Metropolitan West Tot Ret Bd M | \$70,332.38 | \$57,353.74 |
| | College Retirement Equities Fund variable annuities | PGIM Jennison Small Company A | \$7,142.21 | \$7,832.77 |
| | College Retirement Equities Fund variable annuities | T. Rowe Price Growth Stock Adv | \$28,021.40 | \$32,458.82 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2060 Retire | \$246,482.25 | \$318,394.30 |



SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Activity for the Reporting Period: 09/01/2024 to 08/31/2025

| (A) | (B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (C) DESCRIPTION OF INVESTMENT | (D) COST | (E) CURRENT VALUE |
|-----|---|--------------------------------|----------------|-------------------|
| | College Retirement Equities Fund variable annuities | American Funds EUPAC Class R-4 | \$392,778.98 | \$444,037.71 |
| | College Retirement Equities Fund variable annuities | AF American Balanced Fund R4 | \$469,574.27 | \$537,616.81 |
| | College Retirement Equities Fund variable annuities | CreditSuisse CmdtyRetStgy Inst | \$7,369.99 | \$7,468.18 |
| | College Retirement Equities Fund variable annuities | Nuveen LfCycle Ix 2065 Retire | \$88,737.97 | \$101,110.45 |
| * | College Retirement Equities Fund variable annuities | CREF Equity Index R2 | \$1,736,892.92 | \$2,632,473.28 |
| * | College Retirement Equities Fund variable annuities | CREF Growth R2 | \$1,699,138.97 | \$3,133,041.92 |
| * | College Retirement Equities Fund variable annuities | CREF Money Market R2 | \$880,028.79 | \$967,761.93 |
| | College Retirement Equities Fund variable annuities | Templeton Global Bond Class A | \$72,096.13 | \$64,546.15 |
| | College Retirement Equities Fund variable annuities | Baird Short Term Bond Fund Inv | \$93,452.88 | \$93,374.91 |
| * | College Retirement Equities Fund variable annuities | CREF Stock R2 | \$4,975,757.06 | \$7,521,957.41 |
| * | College Retirement Equities Fund variable annuities | CREF Core Bond R2 | \$471,525.82 | \$516,751.38 |
| * | College Retirement Equities Fund variable annuities | CREF Global Equities R2 | \$987,714.50 | \$1,497,617.00 |
| * | College Retirement Equities Fund variable annuities | CREF Inflation-Linked Bond R2 | \$208,448.00 | \$231,535.98 |
| * | College Retirement Equities Fund variable annuities | CREF Social Choice R2 | \$905,444.79 | \$1,174,312.38 |
| | College Retirement Equities Fund variable annuities | Goldman Sachs Intl SmCplns Inv | \$99,146.78 | \$121,122.63 |
| | College Retirement Equities Fund variable annuities | John Hancock Discipline Val R4 | \$157,665.07 | \$165,652.98 |
| | College Retirement Equities Fund variable annuities | PGIM Jennison Growth A | \$87,816.16 | \$106,591.57 |
| | College Retirement Equities Fund variable annuities | The Hartford Dividend Grw R4 | \$264,086.32 | \$323,271.83 |
| | College Retirement Equities Fund variable annuities | Voya MidCap Opportunities A | \$86,048.35 | \$90,656.26 |