

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ALCUIN SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan): ALCUIN SCHOOL
Mailing address (include room, apt., suite no. and street, or P.O. Box): 6144 CHURCHILL WAY, DALLAS, TX 75230-1804
2b Employer Identification Number (EIN): 75-1175632
2c Plan Sponsor's telephone number: 972-239-1745
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for Lochwood Larson on 03/24/2026.

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

Form 5500 (2024) v. 240311

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	216
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)	120
	6a(2)	133
	6b	0
	6c	101
	6d	234
	6e	0
	6f	234
	6g(1)	200
6g(2)	225	
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:
2F 2G 2L 2M 2T 3D

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **08/01/2024** and ending **07/31/2025**

A Name of plan ALCUIN SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCUIN SCHOOL		D Employer Identification Number (EIN) 75-1175632

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	500305	98	08/01/2024	07/31/2025

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

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

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

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

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

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

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

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

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

(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	1907555
5	Current value of plan's interest under this contract in separate accounts at year end.....	1983967
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 2248073
c	Additions: (1) Contributions deposited during the year	7c(1) 93808
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 84897
	(4) Transferred from separate account	7c(4) 146639
	(5) Other (specify below)..... ▶ PARTICIPANT LOAN PRINCIPAL & INTEREST REPAYMENT & PLAN SERVICING CREDIT	7c(5) 5949
	(6) Total additions	7c(6) 331293
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2579366
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 57194
	(2) Administration charge made by carrier.....	7e(2) 3003
	(3) Transferred to separate account	7e(3) 611614
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 671811	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1907555

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.
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For calendar plan year 2024 or fiscal plan year beginning **08/01/2024** and ending **07/31/2025**

A Name of plan ALCUIN SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCUIN SCHOOL	D Employer Identification Number (EIN) 75-1175632	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	30792	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

A Name of plan <u>ALCUIN SCHOOL DEFINED CONTRIBUTION 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>ALCUIN SCHOOL</u>	D Employer Identification Number (EIN) <u>75-1175632</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>156897</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)

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
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For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025	
A Name of plan ALCUIN SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCUIN SCHOOL	D Employer Identification Number (EIN) 75-1175632

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	154134
(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)	155259
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	156897
(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)	15057519
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1907555
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	16086343	17431364
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16086343	17431364

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)	443419	
(B) Participants.....	2a(1)(B)	742109	
(C) Others (including rollovers).....	2a(1)(C)	29876	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1215404
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)	10999	
(F) Other.....	2b(1)(F)	84897	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		95896
(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)	522207	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		522207
(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)		3866
(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)		1059352
c Other income	2c		5188
d Total income. Add all income amounts in column (b) and enter total	2d		2901913

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1496201	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1496201
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		30499
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	30192	
(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)		30192
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1556892

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1345021
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: **SUTTON FROST CARY LLP**

(2) EIN: **75-2593210**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **08/01/2024** and ending **07/31/2025**

A Name of plan ALCUIN SCHOOL DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALCUIN SCHOOL	D Employer Identification Number (EIN) 75-1175632	

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

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

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

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

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	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500817A.

Alcuin School Defined Contribution Retirement Plan

**Financial Statements with Supplemental Schedule
July 31, 2025 and 2024**



Alcuin School Defined Contribution Retirement Plan

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Independent Auditors' Report

To the Plan Administrator of
Alcuin School Defined Contribution Retirement Plan

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

We were engaged to perform audits of the financial statements of Alcuin School Defined Contribution Retirement Plan (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 July 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended July 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

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

Further, as described in Note 6 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. GAAP require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at year end) as of July 31, 2025, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not express an opinion on the supplemental schedule referred to above.



A Limited Liability Partnership

Arlington, Texas
March 10, 2026

Alcuin School Defined Contribution Retirement Plan
Statements of Net Assets Available for Benefits
July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Investments at fair value	\$ 15,984,102	\$ 14,277,326
Fully benefit - responsive investment contracts at contract value	1,292,003	1,692,468
Notes receivable from participants	<u>155,259</u>	<u>116,549</u>
Net assets available for benefits	<u><u>\$ 17,431,364</u></u>	<u><u>\$ 16,086,343</u></u>

See notes to financial statements.

Alcuin School Defined Contribution Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended July 31, 2025

Additions to net assets attributed to:

Interest and dividends	\$ 84,897
Interest income on notes receivable from participants	10,999
Net appreciation in fair value of investments	1,590,613
Contributions:	
Employer	443,419
Participant	742,109
Rollover	29,876
Total additions	2,901,913

Deductions from net assets attributed to:

Benefits paid to participants	1,526,700
Administrative expenses	30,192
Total deductions	1,556,892

Net increase in net assets available for benefits 1,345,021

Net assets available for benefits:

Beginning of year	16,086,343
End of year	\$ 17,431,364

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

1. Description of Plan

General

Alcuin School Defined Contribution Retirement Plan (Plan) is a defined contribution plan established, sponsored and administered by Alcuin School (Organization) under the provision of Section 403(b) of the United States Internal Revenue Code (IRC), which includes provisions allowing an eligible participant to direct the Organization to contribute a portion of the participant's compensation to the Plan on a pre-tax basis through payroll deduction.

The Plan is administered by an administrative committee appointed by the board of trustees of the Organization. The duties of the administrative committee are to oversee the operations of the Plan and to provide for prudent investment of Plan assets. Accordingly, the administrative committee has been granted discretionary authority concerning investment and management activities. Plan investments held with Teachers Insurance and Annuity Association of America-College Retirement Equities Fund (Custodian or TIAA) are invested in a combination of money market funds, pooled separate accounts, registered investment company accounts and insurance company general accounts. The Custodian is responsible for the custody and management of the Plan's assets.

On March 27, 2020 the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. The CARES Act allows for certain provisions to participants impacted by COVID-19 such as in service distributions up to \$100,000, loan borrowings up to \$100,000, and suspension of loan payments and required minimum distributions. In accordance with the CARES Act, the Plan has until December 31, 2026 to formally amend the Plan documents.

Participant Accounts

All employees of the Organization who are at least 21 years of age and have completed 1 year of service are eligible to become participants in the Plan. Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer matching and other contributions, as well as the participant's share of investment income, appreciation (depreciation), administrative expenses and any related distributions. The participant determines both the amount to be invested and the allocation of the investment to one or more of the investment alternatives. Allocations are based on the Plan's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

Contributions

Each year, participants may contribute pretax annual compensation, as defined in the Plan, limited to the maximum amount permitted under applicable IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Matching contributions made by the Organization are equal to 5% of the participant's compensation if the eligible participant contributes at least 1% of compensation, increasing to 6% after five years of service. Participants are eligible to receive matching contributions after completing one year of service.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon, as well as the Organization's matching contribution at the time the contribution is made.

Plan Loans

Plan loans are issued as separate contracts by the Custodian, as contemplated under IRC section 72(p)(5) and do not represent Plan assets. Loans are available to participants through the Custodian, subject to certain limitations. Plan loans are issued from the funds owned by the Custodian and loan proceeds are not removed from a participant's account balance. However, a portion of the participant's TIAA Traditional Annuity (Traditional Annuity) account balance is reserved, or held as collateral, to cover the outstanding loan amount for the period of time the loan is outstanding. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distributable event occurs. For all Plan loans, interest is paid directly to the Custodian. Interest rates on loans range from 4.00% to 5.28% for the years ended July 31, 2025 and 2024. At July 31, 2025 and 2024, participants had outstanding Plan loan balances due to the Custodian totaling \$24,267 and \$24,172, respectively.

Investment Options

Upon enrollment in the Plan, a participant may direct the contributions made to the Plan to any one or more of the investment alternatives maintained by the Custodian, determined at the discretion of the participant, and in such multiples as the participant prescribes. A participant may change their investment direction with respect to future contributions or redirect the investment of their account balance.

Payment of Benefits

Distribution of a participant's vested account is available upon the participant's retirement, death, disability, termination of employment or attainment of age 59 ½. Distributions are also available to satisfy a financial hardship meeting the requirements of the Internal Revenue Service (IRS) regulations.

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of Plan termination, participants will become 100% vested in their accounts.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Organization and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Allocation of Plan Earnings

Earnings from the Plan's investments are allocated to participant accounts periodically based on account balances at the end of the period, as further defined in the Plan document.

Forfeitures

Forfeited amounts are used to reduce the Organization's contributions. As of July 31, 2025 and 2024, no forfeitures were available for use. Additionally, no forfeited amounts were used during the year ended July 31, 2025.

Notes Receivable from Participants

Notes receivable from participants represent loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their vested fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms are generally five years, but may be longer if the proceeds are for the purchase of a primary residence. The loans are collateralized by the balance in the participant's account and bear interest at a reasonable rate of interest as determined by the Plan administrator. Principal and interest are paid ratably through automatic payroll deductions. No allowance for credit losses has been recorded as of July 31, 2025 and 2024. If a participant ceases to make loan repayments and the Plan administrator deems the loan to be a distribution, notes receivable from participants is reduced and a benefit payment is recorded.

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis in accordance with accounting principles generally accepted in the United States of America (GAAP).

Estimates and Assumptions

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The Plan presents the net change in fair value of investments, which consists of realized gains or losses, unrealized appreciation, and any income or capital gain distributions from such investments, in the accompanying statement of changes in net assets available for benefits.

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

Payment of Benefits

Benefits to participants are recorded when paid.

Risks and Uncertainties

The Plan provides for various investment options which are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Alcuin School Defined Contribution Retirement Plan
Notes to Financial Statements

3. Financial Information Certified by the Plan’s Custodian (Unaudited)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by the Custodian, a party-in-interest as defined by ERISA, as of July 31, 2025 and 2024 and for the year ended July 31, 2025, except for comparing such information certified by the Custodian to information included in the Plan’s financial statements and supplemental schedule. This information consists of the following:

	2025	2024
Money market fund	\$ 154,134	\$ 116,321
Mutual funds	15,057,519	13,483,386
Insurance company general accounts - fair value	615,552	555,605
Insurance company general accounts - contract value	1,292,003	1,692,468
Pooled separate account	156,897	122,014
Notes receivable from participants	155,259	116,549
Total	\$ 17,431,364	\$ 16,086,343
Interest and dividends	\$ 84,897	
Interest income on notes receivable from participants	\$ 10,999	
Net appreciation in fair value of investments	\$ 1,590,613	

4. Fair Value Measurements

Under the Fair Value Measurements and Disclosures topic of the Codification, ASC 820, disclosures are required about how fair value is determined for assets and liabilities and a hierarchy for which these assets and liabilities must be grouped is established, based on significant levels of inputs as follows:

- Level 1 quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; and model-derived valuations in which all significant inputs are observable in active markets.

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

Level 3 valuations derived from valuation techniques in which one or more significant inputs are unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value.

Money Market Fund and Mutual Funds

These investments are public investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying asset owned by the fund, less its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market.

Insurance Company General Accounts

Non-fully benefit responsive fixed annuity contracts are Level 3 investments and are valued based on the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. These annuity contracts are not available for sale or transfer on any security exchange. Withdrawals under the retirement annuity contracts may be made in the form of a life annuity or in annual installments. Fair value, which approximates contract value as reported to the Plan by TIAA, is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Pooled Separate Account

The Real Estate Account, which is a pooled separate account, is valued at fair value using the NAV per share as a practical expedient. The fair value of the Plan's interest in the Real Estate Account is based on the fund's daily NAV, which is considered by Plan management to be the best estimate of fair value. The unit value of the fund is calculated daily and available to Plan administrators and client investors on the TIAA website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in the account.

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

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2025:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 154,134	\$ -	\$ -	\$ 154,134
Mutual funds	15,057,519	-	-	15,057,519
Insurance company general accounts	-	-	615,552	615,552
Pooled separate account *	-	-	-	156,897
	\$ 15,211,653	\$ -	\$ 615,552	\$ 15,984,102

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2024:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 116,321	\$ -	\$ -	\$ 116,321
Mutual funds	13,483,386	-	-	13,483,386
Insurance company general accounts	-	-	555,605	555,605
Pooled separate account *	-	-	-	122,014
	\$ 13,599,707	\$ -	\$ 555,605	\$ 14,277,326

*Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The changes in Level 3 assets measured at fair value on a recurring basis are summarized as follows:

Balance at July 31, 2024	\$ 555,605
Interest and dividends	5,241
Unrealized loss on investments	(3,625)
Realized gain on investments	23,886
Purchases	135,572
Sales	(101,127)
Balance at July 31, 2025	\$ 615,552

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

5. Investment Contracts with Insurance Company

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributed to a fully benefit responsive investment contract because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the benefit responsive investment contracts on a contract value basis.

The Traditional Benefit Responsive and the Traditional Benefit Response 2 funds (Annuities) are fixed rate annuity contracts that are fully and unconditionally guaranteed by TIAA. The type of contract through which a participant invests in the Annuities determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement. When participants choose to allocate a portion of their savings to the Annuities during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, are guaranteed by TIAA's claims-paying ability. The Annuities are reported at contract value and segregated into non-benefit and fully benefit-responsive categories. During the accumulation phase, the Annuities provide a guarantee of principal, a guaranteed minimum rate of interest (between 1% and 3%) and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1. Additional interest is not guaranteed for future years. In determining crediting rates, TIAA considers a variety of factors, such as (a) the net investment earnings rate associated with each grouping of contributions received, (b) the financial strength of TIAA and its current capital and surplus level, (c) the competitive environment, and (d) amounts to retain as a risk provision to ensure that contract guarantees will met. When the contract value accumulation is converted to an annuity based on life expectancy, the present value of the stream of payments is equal to the accumulation. Contract value equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less than fees, withdrawals and types of contracts as funding vehicles for retirement plans. Certain contract types contain liquidity restrictions on the redemption of the Annuities accumulations, which could impact the value realized upon exiting the contract. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable. The fixed annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

The TIAA Stable Value Account (Stable Value Annuity) is a fixed rate annuity contract designed to provide safety, liquidity, competitive interest, and the option to receive guaranteed income for life during retirement. During the accumulation phase, the Stable Value Annuity guarantees in the accumulation phase, the financial strength and claims paying ability of TIAA and provides a second layer of support to cover any shortfall. The minimum guaranteed interest rate ranges between 1% and 3% (before contract fees are deducted). The minimum guaranteed rate is subject to change every six months (January and July). TIAA seeks to declare actual crediting rates that are higher than the minimum guaranteed rate, but are at the discretion of TIAA. TIAA guarantees that the declared crediting rate will not decline by more than 0.75% each time it is reset. The Stable Value Annuity is reported at contract value. Contract value equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less any fees, withdrawals and transfers. The Stable Value Annuity is not available for sale or transfer on any securities exchange. Withdrawals and transfers are paid without any surrender charges or adjustments based on market fluctuations. If participants want to transfer money from the Stable Value Annuity to a competing fund, the amount transferred must first be directed to a non-competing option, where it must remain for 90 days before being transferred to the competing fund. To minimize the negative effects of frequent trading, transfers into Stable Value Annuity may not be made for 30 days following a transfer out.

Fully benefit-responsive investment contracts at contract value totaled \$1,292,003 and \$1,692,468 at July 31, 2025 and 2024, respectively.

6. Excluded Contracts

The Plan administrator has elected to exclude from investments certain annuity and custodial accounts which have been issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such potential accounts have also been excluded from the statement of changes in net assets available for benefits. GAAP require that these accounts, and the related income and distributions, be included in the accompanying financial statements. The Plan administrator is not able to determine the amount of these excluded annuity and custodial accounts and to the related income and distributions because records relating to these are not available or do not exist.

7. Tax Status

In an opinion letter dated March 31, 2017, the IRS stated that the prototype plan upon which the Plan is based qualifies under Section 401(a) of the IRC. The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Alcuin School Defined Contribution Retirement Plan

Notes to Financial Statements

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of July 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's Annual Return/Report of Employee Benefit Plan is subject to examination by the IRS for three years from the date of filing.

8. Related Party Transactions and Party-In-Interest Transactions

Certain Plan investments are managed by the Custodian and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing rather than by direct payment.

9. Subsequent Events

Plan management evaluated subsequent events through March 10, 2026, the date the financial statements were available to be issued, and concluded that no additional disclosures are required.

Supplemental Schedule

Alcuin School Defined Contribution Retirement Plan
ID #75-1175632
Plan #001
Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
July 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
* TIAA	Traditional Benefit Responsive Fund	**	\$	313,350
* TIAA	Traditional Non Benefit Responsive Fund	**		431,340
* TIAA	Traditional Benefit Responsive 2 Fund	**		924,293
* TIAA	Traditional Non Benefit Responsive 2 Fund	**		184,212
* TIAA	STABLE VALUE Fund	**		30,367
* TIAA	Plan Loan Default Fund	**		23,993
* TIAA	Real Estate Fund	**		156,897
* TIAA	Money Market R1 Fund	**		154,134
* TIAA	Stock R1 Fund	**		550,818
* TIAA	Social Choice R1 Fund	**		28,160
* TIAA	Global Equities R1 Fund	**		146,899
* TIAA	Growth R1 Fund	**		653,615
* TIAA	Equity Index R1 Fund	**		87,727
* TIAA	Inflation-Linked Bond R1 Fund	**		26,233
* TIAA	Access Core Plus Bond T4 Fund	**		2,563
* TIAA	Access Core Equity T4 Fund	**		748
* TIAA	Access Intl Equity T4 Fund	**		5,347
* TIAA	Access Lg-Cap Val T4 Fund	**		3,289
* TIAA	Access Lifecycle 2035 T4 Fund	**		39,052
* TIAA	Access Lifecycle 2040 T4 Fund	**		3,120
* TIAA	Access Lifecycle 2045 T4 Fund	**		770
* TIAA	Access Lifecycle 2050 T4 Fund	**		7,895
* TIAA	Access Mid-Cap Gr T4 Fund	**		143
* TIAA	Access Mid-Cap Val T4 Fund	**		4,570
* TIAA	Access Real Est Secs T4 Fund	**		2,711
* TIAA	Access Sm-Cap Bl Idx T4 Fund	**		139
* TIAA	Access Nuv Qt Sm Cp Eq T4	**		4,091
* TIAA	Core Bond R1 Fund	**		105,046
Nuveen	Lifecycle Ix 2020 R6 Fund	**		1,047,458
Nuveen	Lifecycle Ix 2025 R6 Fund	**		593,183
Nuveen	Lifecycle Ix 2030 R6 Fund	**		1,259,476
Nuveen	Lifecycle Ix 2035 R6 Fund	**		1,411,373
Nuveen	Lifecycle Ix 2040 R6 Fund	**		761,145
Nuveen	Lifecycle Ix 2045 R6 Fund	**		993,851
Nuveen	Lifecycle Ix 2050 R6 Fund	**		830,400
Nuveen	Lifecycle Ix 2055 R6 Fund	**		593,648
Nuveen	Lifecycle Idx Ret Income R6 Fund	**		714,079
American Fund	EuroPac Growth R6 Fund	**		272,854
American Fund	New Perspective R6 Fund	**		440,741
DFCEX	DFA Emerging Mark CorEq2Prt I	**		80,355
PIMCO	Real Return Inst Class Fund	**		266,889
PGM	Total Return Bond Z Fund	**		272,909
T Rowe Price	All-Cap oppoort Inv Fund	**		844,031
Vanguard	500 Idx Adm Fund	**		975,674
Vanguard	Dividend Growth Inv Fund	**		451,154
Vanguard	Small-scap Idx Adm Fund	**		220,920
Vanguard	Mid-Cap Idx Adm Fund	**		168,519
American Fund	Washington Mut Inv R6 Fund	**		359,895
Janus Henderson	Balanced T Fund	**		102,142
Janus Henderson	Triton I Fund	**		39,946
Vanguard	Real Estate Idx Adm Fund	**		148,410
Eaton Vance	Atl Cap SMID Ca R6 Fund	**		84,267
Parnassus	Endeavor Fund Inst Fund	**		51,778
Wells Fargo	Spec Md Cp Val Ins Fund	**		21,214
Wells Fargo	Spec Sm Cp Val R6 Fund	**		20,888
State Street	Aggrgte Bnd Idx K	**		59,665
Nuveen	Lifecycle Idx 2060 R6 Fund	**		42,349
Nuveen	Lifecycle Idx 2065 R6 Fund	**		105,982
BlackRock	High Yield Class K	**		149,388
* Participants	Notes receivable from participants with interest rates ranging from 4.25% to 9.5%, generally due through 2030.	**		155,259
				\$ 17,431,364

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

Alcuin School
Alcuin School Defined Contribution Retirement Plan
EIN: 75-1175632 Plan Number: 001
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
July 31, 2025

PARTY IN INTEREST (a)	IDENTITY OF ISSUE/ BORROWER (b)	DESCRIPTION OF INVESTMENT (c)	COST (d)	CURRENT VALUE (e)
*	TIAA Traditional Benefit Responsive	Insurance Company General Account	N/R	\$ 313,350
*	TIAA Traditional Non Benefit Responsive	Insurance Company General Account	N/R	\$ 431,341
*	TIAA Traditional Benefit Responsive 2	Insurance Company General Account	N/R	\$ 924,293
*	TIAA Traditional Non Benefit Responsive 2	Insurance Company General Account	N/R	\$ 184,212
*	TIAA STABLE VALUE	Insurance Company General Account	N/R	\$ 30,367
*	Plan Loan Default Fund	Insurance Company General Account	N/R	\$ 23,993
*	TIAA Real Estate	Pooled Separate Accounts	N/R	\$ 156,897
*	CREF Money Market R1	Money Market	N/R	\$ 154,134
*	CREF Stock R1	Registered Investment Companies	N/R	\$ 550,818
*	CREF Social Choice R1	Registered Investment Companies	N/R	\$ 28,160
*	CREF Global Equities R1	Registered Investment Companies	N/R	\$ 146,899
*	CREF Growth R1	Registered Investment Companies	N/R	\$ 653,615
*	CREF Equity Index R1	Registered Investment Companies	N/R	\$ 87,727
*	CREF Inflation-Linked Bond R1	Registered Investment Companies	N/R	\$ 26,233
*	TIAA Access Nuv Core PI Bd T4	Registered Investment Companies	N/R	\$ 2,563
*	TIAA Access Nuv Core Equity T4	Registered Investment Companies	N/R	\$ 748
*	TIAA Access Nuv Intl Equity T4	Registered Investment Companies	N/R	\$ 5,347
*	TIAA Access Nuv Lrg Cap Val T4	Registered Investment Companies	N/R	\$ 3,289
*	TIAA Access Nuv LifCyc 2035 T4	Registered Investment Companies	N/R	\$ 39,052
*	TIAA Access Nuv LifCyc 2040 T4	Registered Investment Companies	N/R	\$ 3,119
*	TIAA Access Nuv LifCyc 2045 T4	Registered Investment Companies	N/R	\$ 770
*	TIAA Access Nuv LifCyc 2050 T4	Registered Investment Companies	N/R	\$ 7,895
*	TIAA Access Nuv Qnt MdCpGrw T4	Registered Investment Companies	N/R	\$ 143
*	TIAA Access Nuv Mid Cap Val T4	Registered Investment Companies	N/R	\$ 4,570
*	TIAA Access Nuv RIEstSecSel T4	Registered Investment Companies	N/R	\$ 2,711
*	TIAA Access Nuv Sm Cp BI Ix T4	Registered Investment Companies	N/R	\$ 139
*	TIAA Access Nuv Qt Sm Cp Eq T4	Registered Investment Companies	N/R	\$ 4,091
*	CREF Core Bond R1	Registered Investment Companies	N/R	\$ 105,046
	Nuveen LfCycle Ix 2020 R6	Registered Investment Companies	N/R	\$ 1,047,458
	Nuveen LfCycle Ix 2025 R6	Registered Investment Companies	N/R	\$ 593,183
	Nuveen LfCycle Ix 2030 R6	Registered Investment Companies	N/R	\$ 1,259,476
	Nuveen LfCycle Ix 2035 R6	Registered Investment Companies	N/R	\$ 1,411,373
	Nuveen LfCycle Ix 2040 R6	Registered Investment Companies	N/R	\$ 761,144
	Nuveen LfCycle Ix 2045 R6	Registered Investment Companies	N/R	\$ 993,851
	Nuveen LfCycle Ix 2050 R6	Registered Investment Companies	N/R	\$ 830,400
	Nuveen LfCycle Ix 2055 R6	Registered Investment Companies	N/R	\$ 593,648
	Nuveen LfCyc Ix Ret Inc R6	Registered Investment Companies	N/R	\$ 714,079

Alcuin School
Alcuin School Defined Contribution Retirement Plan
EIN: 75-1175632 Plan Number: 001
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
July 31, 2025

PARTY IN INTEREST (a)	IDENTITY OF ISSUE/ BORROWER (b)	DESCRIPTION OF INVESTMENT (c)	COST (d)	CURRENT VALUE (e)
	American Funds EUPAC Class R-6	Registered Investment Companies	N/R	\$ 272,854
	American Fd New Perspective R6	Registered Investment Companies	N/R	\$ 440,741
	DFA Emerging Mark CorEq2Prt I	Registered Investment Companies	N/R	\$ 80,355
	PIMCO Real Return Inst Class	Registered Investment Companies	N/R	\$ 266,889
	PGIM Total Return Bond Z	Registered Investment Companies	N/R	\$ 272,909
	TRowePrice All-Cap opport Inv	Registered Investment Companies	N/R	\$ 844,031
	Vanguard 500 Idx Adm	Registered Investment Companies	N/R	\$ 975,674
	Vanguard Dividend Growth Inv	Registered Investment Companies	N/R	\$ 451,154
	Vanguard Small-Cap Idx Adm	Registered Investment Companies	N/R	\$ 220,920
	Vanguard Mid-Cap Idx Adm	Registered Investment Companies	N/R	\$ 168,519
	American Washington Mut Inv R6	Registered Investment Companies	N/R	\$ 359,894
	Janus Henderson Balanced T	Registered Investment Companies	N/R	\$ 102,142
	Janus Henderson Triton I	Registered Investment Companies	N/R	\$ 39,946
	Vanguard Real Estate Idx Adm	Registered Investment Companies	N/R	\$ 148,410
	Eaton Vance Atl Cap SMID Ca R6	Registered Investment Companies	N/R	\$ 84,267
	Parnassus Value Equity Instl	Registered Investment Companies	N/R	\$ 51,778
	Allspring Spec MidCap Val Inst	Registered Investment Companies	N/R	\$ 21,214
	Allspring Spec SmallCap Val R6	Registered Investment Companies	N/R	\$ 20,888
	State Street Aggrgte Bnd Idx K	Registered Investment Companies	N/R	\$ 59,665
	Nuveen LfCycle Ix 2065 R6	Registered Investment Companies	N/R	\$ 42,349
	Nuveen LfCycle Ix 2060 R6	Registered Investment Companies	N/R	\$ 105,982
	BlackRock High Yield Class K	Registered Investment Companies	N/R	\$ 149,388
*	LOAN FUND	Participant Loan Fund	N/R	\$ 155,259
				\$ 17,431,364

* Party-in-interest as defined by ERISA

N/R - Participant directed investment; cost not required to be reported