

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE JEMICY SCHOOL RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1992
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE JEMICY SCHOOL 11 CELADON ROAD OWINGS MILLS, MD 21117-3009
2b	Employer Identification Number (EIN) 52-0976194
2c	Plan Sponsor's telephone number 410-653-2700
2d	Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/12/2026	EUGENIA GYFTOPOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 275
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) 169 6a(2) 160 6b 0 6c 112 6d 272 6e 1 6f 273 6g(1) 265 6g(2) 268 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan THE JEMICY SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE JEMICY SCHOOL	D Employer Identification Number (EIN) 52-0976194	

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

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP02237	40	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid 4374	(b) Total amount of fees paid 964
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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
OSAIC FA, INC. PO BOX 2239 FORT WAYNE, IN 46801-2239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4374	964	COMPENSATION	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 1334216**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND**b** Balance at the end of the previous year **7b** 1297991**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 44858
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 2070

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 46928**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1344919**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2300
(2) Administration charge made by carrier **7e(2)** 81
(3) Transferred to separate account **7e(3)** 3
(4) Other (specify below) **7e(4)** 8319

▶ LOANS ISSUED

(5) Total deductions **7e(5)** 10703**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1334216

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan THE JEMICY SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE JEMICY SCHOOL	D Employer Identification Number (EIN) 52-0976194	

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

(a) Name of insurance carrier TIAA-CREF
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(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	386637	119	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1667944
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2825381

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	1674382
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c Additions: (1) Contributions deposited during the year	7c(1)	38165	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	64623	
(4) Transferred from separate account	7c(4)	303962	
(5) Other (specify below).....	7c(5)	11557	

▶ PLAN SERVICING CREDIT, LOAN INTEREST & PRINCIPAL REPAYMENTS

(6) Total additions	7c(6)	418307
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2092689
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	262913	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)	160094	
(4) Other (specify below).....	7e(4)	1738	

▶ FEES

(5) Total deductions	7e(5)	424745
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1667944
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

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

A Name of plan THE JEMICY SCHOOL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE JEMICY SCHOOL	D Employer Identification Number (EIN) 52-0976194

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a

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

X

YesNo

b

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

(b)

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b)

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

TIAA

13-1624203

(b)

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

(b)

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

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	36197	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GLOBAL RETIREMENT PARTNERS

47-1411118

(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?
27	ADVISOR	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	250	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025					
A Name of plan THE JEMICY SCHOOL RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE JEMICY SCHOOL				D Employer Identification Number (EIN) 52-0976194	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE					
b Name of sponsor of entity listed in (a): TIAA-CREF					
c EIN-PN 13-1624203-004		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87126		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan THE JEMICY SCHOOL RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE JEMICY SCHOOL		D Employer Identification Number (EIN) 52-0976194

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	300113	246763
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	89393	87126
(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)	20137441	22368759
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2972373	3002160
(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	23499320	25704808
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	23499320	25704808

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)	662541	
(B) Participants	2a(1)(B)	975767	
(C) Others (including rollovers)	2a(1)(C)	11960	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1650268
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)	21929	
(F) Other	2b(1)(F)	109480	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		131409
(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)	450101	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		450101
(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)		2456
(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)		1980459
c Other income	2c		2271
d Total income. Add all income amounts in column (b) and enter total	2d		4216964

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1727588	
(2) To insurance carriers for the provision of benefits	2e(2)	225627	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1953215
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1814
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	36447	
(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)	20000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		56447
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2011476

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2205488
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: **GROSS MENDELSON & ASSOCIATES, P.A.**

(2) EIN: **52-0982413**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025					
A Name of plan THE JEMICY SCHOOL RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 THE JEMICY SCHOOL				D Employer Identification Number (EIN) 52-0976194	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 35-1140070 82-2826183					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A.

THE JEMICY SCHOOL RETIREMENT PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
AUGUST 31, 2025 AND 2024

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Independent Auditor's Report

To the Plan Administrator
The Jemicy School 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 The Jemicy School Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended August 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of The Jemicy School Retirement Plan referred to in the first paragraph. Because of the significance of the matter 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 Jemicy School Retirement Plan does not have sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to September 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.

Independent Auditor's Report (Continued)

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Jemicy School Retirement 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of The Jemicy School Retirement Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter 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 Jemicy School Retirement Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of August 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter 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.

Gross, Mendelson & Associates, P.A.

Baltimore, Maryland
June 11, 2026

THE JEMICY SCHOOL RETIREMENT PLAN
Statements of Net Assets Available for Benefits
August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments:		
Investments, at fair value	\$ 23,333,800	\$ 21,149,492
Investments, at contract value	<u>2,124,245</u>	<u>2,049,715</u>
Total Investments	<u>25,458,045</u>	<u>23,199,207</u>
Receivables:		
Notes receivable from participants	<u>246,763</u>	<u>300,113</u>
Total Assets	25,704,808	23,499,320
Liabilities	<u>-0-</u>	<u>-0-</u>
Net Assets Available for Benefits	<u>\$ 25,704,808</u>	<u>\$ 23,499,320</u>

The accompanying notes are an integral part of these financial statements.

THE JEMICY SCHOOL RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 1,982,915	\$ 2,994,686
Interest and dividends	559,581	396,755
Other income	2,271	1,930
Net Investment Income	<u>2,544,767</u>	<u>3,393,371</u>
Interest income on notes receivable from participants	<u>21,929</u>	23,738
Contributions:		
Participant contributions		
Payroll deductions	975,767	903,371
Rollover	11,960	398,102
Employer contributions	662,541	635,026
Total Contributions	<u>1,650,268</u>	<u>1,936,499</u>
Total Additions	<u>4,216,964</u>	5,353,608
Deductions		
Benefits paid to participants	1,955,029	1,739,393
Administrative fees	56,447	49,389
Total Deductions	<u>2,011,476</u>	<u>1,788,782</u>
Net Increase	2,205,488	3,564,826
Net Assets Available for Benefits - Beginning of Year	<u>23,499,320</u>	19,934,494
Net Assets Available for Benefits - End of Year	<u><u>\$ 25,704,808</u></u>	<u><u>\$ 23,499,320</u></u>

The accompanying notes are an integral part of these financial statements.

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 1: Description of Plan

The following description of The Jemicy School Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution retirement plan established September 1, 1992 by The Jemicy School, Inc. (the School). The Plan generally covers all employees of the School. Employees whose contribution would be \$200 or less annually, and employees who work less than 500 hours per plan year, are excluded from participation. Eligible employees may enter the Plan immediately for salary deferrals. The Plan qualifies under Section 403(b) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions: Each year, participants may elect to make pre-tax contributions up to the maximum allowable contribution amount under the IRC. Participants who have attained age 50 before the end of the plan year are also eligible to make catch-up contributions. Additionally, effective January 1, 2025, employees who turned age 60-63 during the calendar year were able to use a "Super Catch Up" that increases the catch-up limit to \$11,250 under the SECURE 2.0 Act. Participants additionally may contribute amounts, representing distributions from other qualified plans permitted by the IRC (as defined). Participant contributions are made through payroll deductions. Each participant designates the percentage of their contribution which is to be invested in one or more of the available investment fund options. Participants have the opportunity to change their investment options daily. Participants are also allowed to contribute distributions received from other qualified retirement plans (rollovers).

Employer Contributions: Employees who have completed one year of service and are age 18 are eligible for the School contributions. All participants must work 1,000 hours during the plan year to receive School contributions. This allocation condition is waived for the discretionary matching contribution due to a participant's death, disability or upon reaching normal retirement age of 65.

The School provides a discretionary matching contribution in an amount and maximum limitation to be determined by the School. For the years ended August 31, 2025 and 2024, the School elected to match 100% of deferrals up to 8% of a participant's compensation. The Plan also allows the School to make a discretionary employer contribution. For the years ended August 31, 2025 and 2024, there were no discretionary employer contributions.

Participant Accounts: Each participant's account is credited with the participant's contributions and School contributions and an allocation of Plan earnings and losses and investment expenses. Plan earnings and losses are allocated based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. All accounts are entirely participant directed. All plan assets as of August 31, 2025 and 2024 have been allocated to participant accounts.

Vesting: Participants are immediately vested in all contributions plus earnings thereon.

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 1: Description of Plan (Continued)

Payment of Benefits: Benefit payments may be in the form of lump sums, partial or installment payments or an annuity contract. Distributions of all participant and School contributions are payable upon termination of employment, upon incurring a disability or attainment of age 59½. Distributions from a participant's rollover account may be made at any time. Hardship withdrawals and in-service withdrawals at age 59½ are also permitted, subject to provisions defined in the Plan document. The Plan shall make automatic distributions of vested account balances that are less than \$5,000 in accordance with Plan provisions. The annuity contracts contain additional limits as described in Note 5.

Notes Receivable from Participants: Participants may borrow from their TIAA and CREF fund accounts. The minimum note amount is \$1,000. No note to any participant shall be made in an amount which exceeds 50% of the participant's nonforfeitable account balance or \$50,000 reduced by the participant's highest outstanding loan balance during the last twelve months. The notes are secured by the balance in the participant's account, bear interest at prime plus 1% and can only exceed a repayment period of five years for the purchase of a principal residence. Only three notes may be outstanding at a time. Principal and interest is paid ratably through monthly deductions from the participant's personal bank account.

Note 2: Summary of Significant Accounting Policies

Following is a description of significant accounting and reporting policies of the Plan:

Basis of Presentation: The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan trustees are responsible for oversight of the Plan, determine the appropriateness of the Plan's investment offerings and monitor investment performance. 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. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based on the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred.

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 2: Summary of Significant Accounting Policies (Continued)

Contributions: Contributions from participants, including any related employer matching contributions, are recorded in the period the employer withholds payroll deductions from Plan participants. Other employer contributions are recorded in the period as determined under the Plan documents.

Payment of Benefits: Benefits are recorded when paid to participants.

Subsequent Events: In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through June 11, 2026, the date the financial statements were available to be issued. During the period from September 1, 2025 through June 11, 2026, there were no subsequent events that require recognition or disclosure.

Note 3: Fair Value Measurements

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for Plan assets measured at fair value:

Registered Investment Companies: The CREF accounts invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. TIAA Access accounts invest in proprietary and non-proprietary mutual funds. TIAA-CREF funds invest principally in equity securities, fixed income, real estate securities, asset allocation and money market funds. Investment holdings are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing. Money market account holdings are generally valued at amortized cost. Each account determines its unit value each day.

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 3: Fair Value Measurements (Continued)

Pooled Separate Account: The TIAA Real Estate Account (REA) generally invests in real estate properties and real estate-related investments. The REA is valued at fair value based on net asset value, which is principally derived from the market value of the underlying real estate holdings or the other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. They are generally priced using values obtained from independent pricing sources. Unit values are calculated each day.

Guaranteed Investment Contracts: TIAA Traditional Annuity is an unallocated fixed-annuity contract that is fully and unconditionally guaranteed by TIAA. There are two types of TIAA Traditional Annuities: (1) The TIAA Traditional Benefit Responsive investment which is reported at contract value, and (2) the TIAA Traditional Non-Benefit Responsive investment which is reported at fair value, which approximates contract value. The contract value of the TIAA Traditional Annuities equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. While transactions involving the purchases and sales of individual TIAA Traditional Annuities contracts are not observable in a public marketplace, contract value provides a good approximation of fair value. Certain contract types contain liquidity restrictions on the redemption of the TIAA Traditional Annuities accumulations, which could impact the value upon exiting the contracts (see Note 5).

Insurance Company Separate Accounts: Investments in separate accounts are valued at fair value based on net asset value, which is derived from the fair value of the underlying mutual funds held in a subaccount minus the fund's liabilities, which are the contract charges imposed by Lincoln Financial Group Trust Company, Inc. (Lincoln), divided by the number of participation units outstanding. The participants' accounts are invested in group variable annuity products. Each investment option is invested exclusively in a sub-account of Lincoln's separate accounts, which in turn invests in an underlying mutual fund or other investment contracts. While the assets of the separate accounts purchase shares of the underlying investments, neither the Plan nor participants own shares of the mutual funds or other investment contracts, instead participants own "accumulation units" in the variable investment options.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at August 31, 2025 and 2024.

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 3: Fair Value Measurements (Continued)

In determining the appropriate levels, the Plan performs a detailed analysis of the assets that are to be reported at fair value. The table below presents the assets measured at fair value on a recurring basis by level within the hierarchy as of August 31, 2025 and 2024:

Assets at Fair Value as of August 31, 2025				
	Level 1	Level 2	Level 3	Total
Pooled separate account	\$ 87,126	\$ -0-	\$ -0-	\$ 87,126
Guaranteed investment contracts	-0-	-0-	877,915	877,915
Registered investment companies	21,029,585	-0-	-0-	21,029,585
	<u>\$ 21,116,711</u>	<u>\$ -0-</u>	<u>\$ 877,915</u>	<u>21,994,626</u>
Investments measured at net asset value as a practical expedient				<u>1,339,174</u>
Investments at fair value				<u>\$ 23,333,800</u>

Assets at Fair Value as of August 31, 2024				
	Level 1	Level 2	Level 3	Total
Pooled separate account	\$ 89,393	\$ -0-	\$ -0-	\$ 89,393
Guaranteed investment contracts	-0-	-0-	922,658	922,658
Registered investment companies	17,841,067	-0-	-0-	17,841,067
	<u>\$ 17,930,460</u>	<u>\$ -0-</u>	<u>\$ 922,658</u>	<u>18,853,118</u>
Investments measured at net asset value as a practical expedient				<u>2,296,374</u>
Investments at fair value				<u>\$ 21,149,492</u>

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended August 31, 2025 and 2024.

	TIAA Traditional Non-Benefit Responsive*	
	2025	2024
Balance at beginning of year	\$ 922,658	\$ 968,590
Transfers out	(42,316)	(42,488)
Realized gains	27,155	29,028
Unrealized gains	10,358	13,997
Sales	(39,940)	(46,469)
Balance at end of year	<u>\$ 877,915</u>	<u>\$ 922,658</u>

* Realized and unrealized gains are included in net appreciation in fair value of investments on the Statements of Changes in Net Assets Available for Benefits.

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 3: Fair Value Measurements (Continued)

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Investment	2025	2024	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Inputs
TIAA Traditional Annuity (Non-Benefit Responsive)	<u>\$ 877,915</u>	<u>\$ 922,658</u>	Discounted cash flow; Theoretical transfer (exit value)	Risk-adjusted discount rate applied*	2025: RA 3.65% - 6.50% 2024: RA 4.00% - 6.75%

* Unobservable inputs include discount rate applied

Investments Measured Using the Net Asset Value per Share Practical Expedient: The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of August 31, 2025 and 2024.

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
<u>August 31, 2025</u>				
Insurance company separate accounts	\$ 1,339,174	N/A	Daily	None
<u>August 31, 2024</u>				
Insurance company separate accounts	\$ 2,296,374	N/A	Daily	None

Note 4: Information Certified by the Plan Custodians

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 the Employee Retirement Income Security Act of 1974. Accordingly, the Plan administrator has instructed the Plan's independent auditors not to perform any auditing procedures with respect to information certified as complete and accurate by TIAA and CREF and Lincoln National Life Insurance Company (Lincoln), custodians of the Plan as of and for the years ended August 31, 2025 and 2024.

Certain information disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at August 31, 2025 and 2024, and net appreciation in fair value of investments, interest income on notes receivable from participants and interest and dividend income for the years ended August 31, 2025 and 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by TIAA and CREF and Lincoln.

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 5: Investment Contracts with Insurance Companies

The Plan invests in benefit responsive and non-benefit responsive investment contracts with TIAA. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits that are considered to be fully benefit responsive. The fully benefit responsive investment contracts, comprised of the TIAA traditional benefit responsive and TIAA stable value fund, are included in the statements of net assets available for benefits at contract value as reported to the Plan by TIAA. The non-benefit responsive investment contract is included in the statements of net assets available for benefits at fair value, which approximates contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The Plan also has a fully benefit responsive investment contract with Lincoln containing a Fixed Account. Lincoln maintains the contributions to the Fixed Account in a general account. The Fixed Account is included in the financial statements at contract value, which represents the amount participants would receive if they were to initiate a transaction under the terms of the ongoing plan. The Fixed Account is credited with contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract amount is guaranteed against loss of principal, minus all withdrawals, including charges and adjustments. The guarantee is based on Lincoln's ability to meet its financial obligations from the general assets of Lincoln. There are no reserves against the investment contract for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any event which would limit the Plan's ability to transact at contract value with the participant are probable of occurring.

The investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The following table sets forth investments measured at contract value for the years ended August 31, 2025 and 2024:

	2025	2024
Investment contracts with insurance company:		
Fixed account	\$ 1,334,216	\$ 1,297,991
Stable value account	579,491	546,436
Traditional annuity benefit responsive	210,538	205,288
Total investments at contract value	<u>\$ 2,124,245</u>	<u>\$ 2,049,715</u>

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 6: Notes Receivable from Participants

As of August 31, 2025 and 2024, 17 and 15 participants for each year were indebted to the Plan in the total amount of \$246,763 and \$300,113, respectively, as a result of loans made to them by the Plan. The loans are evidenced by promissory notes bearing interest at rates varying from 4.25% to 9.50% per annum, and are payable in installments, the latest of which is due in June 2030. The notes are fully secured by the participants' vested account balances. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred.

Note 7: Plan Termination

The School has the right under the Plan agreement to discontinue its contributions and to terminate the Plan, subject to applicable statutory provisions. Any unallocated assets of the Plan shall be allocated to participants accounts and distributed in such a manner as the School may determine. The School has not indicated any intention to terminate the Plan.

Note 8: Income Tax Status

The Internal Revenue Service (IRS) has ruled, in a letter dated August 7, 2017 that the TIAA ERISA 403(b) Volume Submitter Plan qualifies under applicable sections of the IRC. An employer who adopts this plan is generally considered to have a plan that is also qualified. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code; therefore, the Plan is currently exempt from federal income taxes. The Plan's federal information returns are subject to examination by the IRS generally for a period of three years after the returns are filed.

GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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 does not believe that the Plan has any uncertain tax positions. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

Note 9: Lincoln Plan Notes

Prior to June 22, 2021, participants could borrow from Lincoln using a portion of their plan account as security for the note. Notes administered by Lincoln provide provisions regarding available accumulations, interest rates and repayment schedules. A note reserve amount, equal to the outstanding note balance plus any accrued interest, will be held in the Fixed Account as collateral until the note is repaid. The balances as of August 31, 2025 and 2024 are \$71,827 and \$79,425, respectively. Under the borrowing terms, \$71,827 and \$79,425, respectively, of plan assets serve as collateral to these notes as of August 31, 2025 and 2024. There were loans in default of \$27,187 for each of the years ended August 31, 2025 and 2024. The Lincoln plan notes are not reported on Form 5500 and therefore are not included in the financial statements.

THE JEMICY SCHOOL RETIREMENT PLAN
Notes to Financial Statements
August 31, 2025 and 2024

Note 10: Administrative Expenses

The Plan provides that the School, at its discretion, may pay administrative expenses of the Plan. Expenses paid directly by the School are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments. The Plan has a revenue sharing agreement with their custodian. The Plan received \$2,271 and \$1,930 of shared revenue during the years ended August 31, 2025 and 2024, respectively, which were offset against recordkeeper fees and included in other income in the statements of changes in net assets available for benefits.

Note 11: Parties-in-Interest

The Plan offers various investment options to the participants, which includes products of TIAA and CREF and Lincoln, the custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions. During the years ended August 31, 2025 and 2024 the Plan paid administrative fees in the amount of \$56,447 and \$49,389, respectively. Certain officers and employees of the Plan sponsor are administrators of the Plan acting as fiduciaries and are participants in the Plan. In addition, as noted above, the Plan issues loans to participants, which are secured by the participants' account balance. These transactions also qualify as party-in-interest transactions.

Note 12: Risks and Uncertainties

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

Note 13: Reconciliation of Financial Statements to Form 5500

The financial statements of the Plan for the years ended August 31, 2025 and 2024 did not differ from the amounts reported on Schedule H (Financial Information), of Form 5500 (Annual Return/Report of Employee Benefit Plan) filed with the IRS.

THE JEMICY SCHOOL RETIREMENT PLAN

SUPPLEMENTAL SCHEDULE

AUGUST 31, 2025

THE JEMICY SCHOOL RETIREMENT PLAN

EIN: 26-1929994, Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

August 31, 2025

(a)	(b) Identify of Issuer, Borrower, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Guaranteed Investment Contract				
*	TIAA	Traditional Annuity Non-Benefit Responsive		\$ 877,915
Pooled Separate Account				
*	TIAA	Real Estate		87,126
Registered Investment Companies				
	Nuveen	Lifecycle Index 2035		3,842,672
	Nuveen	Lifecycle Index 2040		3,160,838
	Nuveen	Lifecycle Index 2030		2,734,846
	Nuveen	Lifecycle Index 2045		1,893,225
	Nuveen	Lifecycle Index 2050		1,563,013
*	CREF	Stock R1		975,159
	Vanguard	500 Index		919,962
	Nuveen	Lifecycle Index 2060		878,533
	JPMorgan	Large Cap Growth Fund R6		744,597
	Nuveen	Lifecycle Index 2055		728,883
	Nuveen	Lifecycle Index 2025		725,466
*	CREF	Growth R1		583,523
*	CREF	Global Equities R1		304,718
*	CREF	Equity Index R1		247,491
	Nuveen	International Equity Index R6		189,161
	JPMorgan	Equity Income Fund R6		168,743
	Vanguard	Mid-Cap Index Admiral		147,732
*	TIAA	Access Lifecycle 2035 T4		146,923
	American Funds	Bond Fund America		141,520
	JPMorgan	Mid-Cap Growth Fund R6		128,772
*	CREF	Core Bond R1		70,513
	American Funds	New World R6		63,762
*	CREF	Money Market R1		54,019
*	TIAA	Nuveen Large Capital Growth T4		53,491
*	TIAA	Access Nuveen Quant Small-Cap Equity T4		47,194
	American Beacon	Small Cap Value R6		47,968
*	TIAA	Access Nuveen Lifecycle 2045 T4		45,244
	Calvert	Growth Allocation I		43,584
*	TIAA	Access Nuveen Lifecycle 2050 T4		39,164
*	TIAA	Access Nuv Core Equity T4		38,027
	Nuveen	Small Capital Blend Index		36,074
*	CREF	Inflation-Linked Bond R1		34,115
	Eaton Vance	High Income Opportunity I		33,215
	Nuveen	Lifecycle Index 2020		32,739
	Calvert	Conservative Allocation I		31,869

THE JEMICY SCHOOL RETIREMENT PLAN

EIN: 26-1929994, Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

August 31, 2025

(a)	(b) Identify of Issuer, Borrower, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Registered Investment Companies (Continued)				
*	TIAA	Access Nuv Large-Cap Res Eq T4	\$	19,848
	Nuveen	Lifecycle Index 2065		18,554
	Franklin	Small Cap Growth R6		11,408
*	CREF	Social ChoiceR1		7,789
*	TIAA	Access Nuv Life Cycle 2040 T4		15,709
*	TIAA	Access Nuv Intl Equity T4		14,240
*	TIAA	Access Nuv Large-Cap Value T4		7,007
*	TIAA	Access Nuv Mid-Cap Growth T4		6,821
*	TIAA	Access Nuv Mid-Cap Value T4		6,076
*	TIAA	Access Nuv Equity Index T4		4,771
*	TIAA	Access Nuv Life Cycle 2060 T4		4,762
*	TIAA	Access Nuv RIEst Sec Sel T4		4,684
	Nuveen	Mid Cap Value I		4,115
*	TIAA	Access Small-Cap Blend Index T4		3,639
*	TIAA	Access Nuv Core PI Bond T4		3,328
	Calvert	Moderate Allocation I		78
*	TIAA	Access Nuv Lifecycle 2020 T4		1
				<u>21,029,585</u>
Insurance Company Separate Accounts				
*	Lincoln National Life Insurance Company	LVIP T. Rowe Price 2040 Fund		390,989
*	Lincoln National Life Insurance Company	LVIP Dimensional U.S. Core Equity 1		164,860
*	Lincoln National Life Insurance Company	LVIP T. Rowe Price 2050 Fund		138,660
*	Lincoln National Life Insurance Company	LVIP Macquarie Social Awareness		66,002
*	Lincoln National Life Insurance Company	LVIP JPMorgan Retirement Income Fund		65,480
*	Lincoln National Life Insurance Company	LVIP SSGA S&P 500 Index		58,379
*	Lincoln National Life Insurance Company	LVIP Global Growth Allocation Managed Risk		54,409
*	Lincoln National Life Insurance Company	American Funds Growth		38,054
*	Lincoln National Life Insurance Company	American Funds Growth - Income		33,821
*	Lincoln National Life Insurance Company	LVIP Blended Large Cap Growth		
		Managed Volatility		30,999
*	Lincoln National Life Insurance Company	LVIP Global Moderate Allocation		
		Managed Risk		31,085
*	Lincoln National Life Insurance Company	LVIP T. Rowe Price 2060 Fund		26,569
*	Lincoln National Life Insurance Company	LVIP Global Conservative Allocation		
		Managed Risk		25,657
*	Lincoln National Life Insurance Company	LVIP Macquarie SMID Cap Core Series		22,132
*	Lincoln National Life Insurance Company	LVIP Macquarie Value Series		21,336
*	Lincoln National Life Insurance Company	LVIP Blackrock Dividend Value		
		Managed Volatility		21,115
*	Lincoln National Life Insurance Company	Fidelity VIP Growth		18,624

THE JEMICY SCHOOL RETIREMENT PLAN

EIN: 26-1929994, Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)

August 31, 2025

(a)	(b) Identify of Issuer, Borrower, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Insurance Company Separate Accounts (Continued)				
*	Lincoln National Life Insurance Company	LVIP Mondrian International Value	\$	18,825
*	Lincoln National Life Insurance Company	LVIP Macquarie Bond		15,107
*	Lincoln National Life Insurance Company	American Funds International		14,637
*	Lincoln National Life Insurance Company	LVIP Government Money Market		14,155
*	Lincoln National Life Insurance Company	LVIP T. Rowe Price Structured Mid-Cap Growth		12,133
*	Lincoln National Life Insurance Company	LVIP Baron Growth Opportunities		11,642
*	Lincoln National Life Insurance Company	LVIP Macquarie Mid Cap Value Fund		10,938
*	Lincoln National Life Insurance Company	LVIP SSGA Small-Cap Index		9,111
*	Lincoln National Life Insurance Company	Macquarie Small Cap Value		8,977
*	Lincoln National Life Insurance Company	LVIP Macquarie Wealth Builder		4,591
*	Lincoln National Life Insurance Company	PIMCO VIT Total Return Portfolio		3,898
*	Lincoln National Life Insurance Company	Blackrock Global Allocation		2,557
*	Lincoln National Life Insurance Company	MFS Utilities		2,054
*	Lincoln National Life Insurance Company	LVIP Macquarie Diversified Income		1,452
*	Lincoln National Life Insurance Company	LVIP Blackrock Inflation Protected Bond		926
				<u>1,339,174</u>
Investments at Contract Value				
*	Lincoln National Life Insurance Company	Fixed Account		1,334,216
*	TIAA	Stable Value		579,491
*	TIAA	Traditional Annuity Benefit Responsive		210,538
				<u>2,124,245</u>
Total Investments				<u>\$ 25,458,045</u>
*	Participant Loans	Interest at 4.25% - 9.50%, payable in installments, the latest of which is due in June 2030	\$ -0-	\$ 246,763

Notes: * Party-in-Interest

** Column (d) is blank as all investments are participant directed.



Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► The Jemicy School Retirement Plan

Employer Identification Number:► 52-0976194

For plan year (beginning/ending):► 9/1/2024 to 8/31/2025

Plan number:► 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 202,746.00
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 877,914.64
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$ 7,010.49
*	College Retirement Equities Fund variable annuities	TIAA Stable Value		\$ 579,491.40
*	College Retirement Equities Fund variable annuities	Plan Loan Default Fund		\$ 781.70
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$ 975,158.76
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 54,019.39
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$ 7,788.71
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 304,718.23
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 583,523.23
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$ 247,490.62
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 34,115.24
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 87,126.15
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Pl Bd T4		\$ 3,328.37
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Equity Idx T4		\$ 4,770.50
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Equity T4		\$ 38,026.52
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Intl Equity T4		\$ 14,239.60
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Gr T4		\$ 53,491.29
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Val T4		\$ 7,006.96
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2020 T4		\$ 1.43
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2035 T4		\$ 146,923.03
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2040 T4		\$ 15,708.96
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2045 T4		\$ 45,244.26
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2050 T4		\$ 39,163.62
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qnt MdCpGrw T4		\$ 6,820.69
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Val T4		\$ 6,075.78
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv RIEstSecSel T4		\$ 4,683.93
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Sm Cp Bl lx T4		\$ 3,639.29
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qt Sm Cp Eq T4		\$ 47,194.08
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LqCp Res Eq T4		\$ 19,847.97
	College Retirement Equities Fund variable annuities	CREF Core Bond R1		\$ 70,512.78
	College Retirement Equities Fund variable annuities	Nuveen Internatl Eq Idx R6		\$ 189,160.70
*	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2015 R6		\$ 0.01
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2020 R6		\$ 32,739.39
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2025 R6		\$ 725,466.01
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2030 R6		\$ 2,734,845.88
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2035 R6		\$ 3,842,671.64
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2040 R6		\$ 3,160,838.47
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2045 R6		\$ 1,893,225.40
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2050 R6		\$ 1,563,013.33
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2055 R6		\$ 728,883.42
	College Retirement Equities Fund variable annuities	Nuveen Small Cap Bld Idx R6		\$ 36,074.56
	College Retirement Equities Fund variable annuities	Nuveen Mid Cap Value Opp I		\$ 4,115.32
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Idx Adm		\$ 147,732.23
	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCyc 2060 T4		\$ 4,761.50
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2060 R6		\$ 878,532.61
	College Retirement Equities Fund variable annuities	JPMorgan Mid Cap Gro Fd Cl R6		\$ 128,771.55
	College Retirement Equities Fund variable annuities	American Beacon Sm Cp Val R5		\$ 47,967.51
	College Retirement Equities Fund variable annuities	American Funds New World R6		\$ 63,762.20
	College Retirement Equities Fund variable annuities	Vanguard 500 Idx Adm		\$ 919,961.88
	College Retirement Equities Fund variable annuities	Eaton Vance High Income Opp I		\$ 33,214.94
	College Retirement Equities Fund variable annuities	JPMorgan Equity Inc Fd Cla R6		\$ 168,742.72
	College Retirement Equities Fund variable annuities	Calvert Conservative Alloc I		\$ 31,869.26
	College Retirement Equities Fund variable annuities	Calvert Growth Allocation I		\$ 43,583.99
	College Retirement Equities Fund variable annuities	Calvert Moderate Allocation I		\$ 77.76
	College Retirement Equities Fund variable annuities	Franklin Small Cap Growth R6		\$ 11,408.12
	College Retirement Equities Fund variable annuities	Nuveen LfCycIe lx 2065 R6		\$ 18,553.95
	College Retirement Equities Fund variable annuities	JPMorgan Large Cap Growth R6		\$ 744,597.46
	College Retirement Equities Fund variable annuities	Amer Funds Bond Fnd Amer R6		\$ 141,520.20
*	College Retirement Equities Fund variable annuities	Participant Loan Fund		\$ 246,762.72
	TIAA Total			\$ 23,031,418
	Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH		\$ 38,053.68
	Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH-INCOME		\$ 33,821.04
	Lincoln National Life Insurance Company	AMERICAN FUNDS INTERNATIONA		\$ 14,637.46
	Lincoln National Life Insurance Company	BLACKROCK GLOBAL ALLOCATION		\$ 2,557.19
	Lincoln National Life Insurance Company	FIDELITY VIP GROWTH		\$ 18,623.52
	Lincoln National Life Insurance Company	FIXED ACCOUNT		\$ 1,334,215.73
	Lincoln National Life Insurance Company	LVIP BARON GROWTH OPPORTUNITIES		\$ 11,642.17
	Lincoln National Life Insurance Company	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY		\$ 21,114.68
	Lincoln National Life Insurance Company	LVIP BLACKROCK INFLATION PROTECTED BOND		\$ 925.80
	Lincoln National Life Insurance Company	LVIP BLENDED LRG CAP GROWTH MNGD VOLTLY		\$ 30,998.93
	Lincoln National Life Insurance Company	LVIP DIMENSIONAL U.S. CORE EQUITY 1		\$ 164,860.31
	Lincoln National Life Insurance Company	LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK		\$ 25,657.09
	Lincoln National Life Insurance Company	LVIP GLOBAL GROWTH ALLOCATION MANGD RISK		\$ 54,408.65
	Lincoln National Life Insurance Company	LVIP GLOBAL MODERATE ALLOCATION MGD RISK		\$ 31,085.31
	Lincoln National Life Insurance Company	LVIP GOVERNMENT MONEY MARKET		\$ 14,154.98
	Lincoln National Life Insurance Company	LVIP JPMORGAN RETIREMENT INCOME FUND		\$ 65,479.98
	Lincoln National Life Insurance Company	LVIP MACQUARIE BOND		\$ 15,106.96
	Lincoln National Life Insurance Company	LVIP MACQUARIE DIVERSIFIED INCOME		\$ 1,452.30
	Lincoln National Life Insurance Company	LVIP MACQUARIE MID CAP VALUE FUND		\$ 10,938.42
	Lincoln National Life Insurance Company	LVIP MACQUARIE SMID CAP CORE SERIES		\$ 22,131.67
	Lincoln National Life Insurance Company	LVIP MACQUARIE SOCIAL AWARENESS		\$ 66,001.58
	Lincoln National Life Insurance Company	LVIP MACQUARIE VALUE SERIES		\$ 21,336.24
	Lincoln National Life Insurance Company	LVIP MACQUARIE WEALTH BUILDER		\$ 4,591.32
	Lincoln National Life Insurance Company	LVIP MONDRIAN INTERNATIONAL VALUE		\$ 18,823.88
	Lincoln National Life Insurance Company	LVIP SSGA S&P 500 INDEX		\$ 58,379.35
	Lincoln National Life Insurance Company	LVIP SSGA SMALL-CAP INDEX		\$ 9,111.38
	Lincoln National Life Insurance Company	LVIP T ROWE PRICE 2040 FUND		\$ 390,988.55
	Lincoln National Life Insurance Company	LVIP T ROWE PRICE 2050 FUND		\$ 138,660.45
	Lincoln National Life Insurance Company	LVIP T ROWE PRICE 2060 FUND		\$ 26,569.06
	Lincoln National Life Insurance Company	LVIP T ROWE PRICE STRUCTURED MID-CAP GROWTH		\$ 12,133.02
	Lincoln National Life Insurance Company	MACQUARIE SMALL CAP VALUE		\$ 8,976.56
	Lincoln National Life Insurance Company	MFS UTILITIES		\$ 2,054.28
	Lincoln National Life Insurance Company	PIMCO VIT TOTAL RETURN PORTFOLIO		\$ 3,898.40
	Lincoln Total			\$ 2,673,390
	Grand Total			\$ 25,704,808