Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CONNELLY SCHOOL OF THE HOLY CHILD 403(B) DC PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1999

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)
CONNELLY SCHOOL OF THE HOLY CHILD

9029 BRADLEY BOULEVARD
POTOMAC, MD 20854-4699

2b Employer Identification Number (EIN) 52-0743609

2c Plan Sponsor's telephone number 301-365-0955

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.	06/16/2026	DAVID MAUGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

PENTEGRA SERVICES, INC.

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

3b Administrator's EIN
13-3745616

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	225
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	100
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	116
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	119
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	235
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	235
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	221
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	232
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2G 2L 2T 2F

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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	**B** Three-digit plan number (PN) ▶
CONNELLY SCHOOL OF THE HOLY CHILD 403(B) DC PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CONNELLY SCHOOL OF THE HOLY CHILD	52-0743609

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
13-1624203	69345	368803	203	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

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

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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**	1480032
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	10871089

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		**7b**	1530583
c	Additions: (1) Contributions deposited during the year	**7c(1)**	144	
	(2) Dividends and credits	**7c(2)**	0	
	(3) Interest credited during the year	**7c(3)**	53648	
	(4) Transferred from separate account	**7c(4)**	6989	
	(5) Other (specify below) ▶	**7c(5)**		
	(6)Total additions		**7c(6)**	60781
d	Total of balance and additions (add lines **7b** and **7c(6)**).		**7d**	1591364
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	111331	
	(2) Administration charge made by carrier	**7e(2)**		
	(3) Transferred to separate account	**7e(3)**		
	(4) Other (specify below) ▶ FEES	**7e(4)**	2	
	(5) Total deductions		**7e(5)**	111333
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		**7f**	1480031

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
CONNELLY SCHOOL OF THE HOLY CHILD 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONNELLY SCHOOL OF THE HOLY CHILD

D Employer Identification Number (EIN)
52-0743609

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

PENTEGRA

701 WESTCHESTER AVE STE 320E
WHITE PLAINS, NY 10604-3027

13-3745616

(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?
	TPA	5900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	3925	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
CONNELLY SCHOOL OF THE HOLY CHILD 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONNELLY SCHOOL OF THE HOLY CHILD

D Employer Identification Number (EIN)
52-0743609

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-CREF

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	400924

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

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
CONNELLY SCHOOL OF THE HOLY CHILD 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONNELLY SCHOOL OF THE HOLY CHILD

D Employer Identification Number (EIN)
52-0743609

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)	1609	765
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	417826	400924
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10391016	12635438
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1530584	1480032
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	12341035	14517159
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12341035	14517159

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)	380039	
(B) Participants	2a(1)(B)	435824	
(C) Others (including rollovers)	2a(1)(C)	142351	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		958214
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)	93	
(F) Other	2b(1)(F)	53648	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		53741
(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)	37357	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		37357
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		11511
(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)		1374886
c Other income	2c		2824
d Total income. Add all **income** amounts in column (b) and enter total	2d		2438533
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	229936	
(2) To insurance carriers for the provision of benefits	2e(2)	22648	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		252584
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	9825	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		9825
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		262409
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2176124
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HOZIK & COMPANY, P.L.C. **(2)** EIN: 54-1963607

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**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
CONNELLY SCHOOL OF THE HOLY CHILD 403(B) DC PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONNELLY SCHOOL OF THE HOLY CHILD

D Employer Identification Number (EIN)
52-0743609

Part I Distributions

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

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

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

EIN(s): 82-2826183 _____

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 05 / 01 / 2015 (MM/DD/YYYY) and the Opinion Letter serial number J500543A .

CONNELLY SCHOOL OF THE HOLY CHILD
403(b) DC PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

For the Years Ended August 31, 2025 and 2024

CONNELLY SCHOOL OF THE HOLY CHILD 403(b) DC PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED AUGUST 31, 2025 and 2024

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HOZIK & COMPANY, P.L.C.
CERTIFIED PUBLIC ACCOUNTANTS
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Connelly School of the Holy Child 403(b) DC Plan
Potomac, Maryland

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

We have performed audits of the accompanying financial statements of Connelly School of the Holy Child 403(b) DC Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of 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 Connelly School of the Holy Child 403(b) DC 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 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States 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 Connelly School of the Holy Child 403(b) DC Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Connelly School of the Holy Child 403(b) DC Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Connelly School of the Holy Child 403(b) DC Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted

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

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

In our opinion:

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

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

Hozik & Company, P.L.C.

Vienna, Virginia
June 12, 2026

CONNELLY SCHOOL OF THE HOLY CHILD 403(b) DC PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
August 31, 2025 and 2024

ASSETS	2025	2024
Investments at fair value		
Insurance company general account contracts (non-fully benefit-responsive)	$ 525,523	$ 521,056
Mutual funds	2,165,273	697,267
Pooled separate account	400,924	417,826
Variable annuities	10,470,165	9,693,749
	13,561,885	11,329,898
Investments at contract value		
Insurance company general account contracts (fully benefit-responsive)	954,509	1,009,528
TOTAL INVESTMENTS	14,516,394	12,339,426
NOTES RECEIVABLE FROM PARTICIPANTS		
Participant loans	765	1,609
TOTAL ASSETS	14,517,159	12,341,035
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,517,159	$ 12,341,035

See accompanying notes and independent auditors' report.

CONNELLY SCHOOL OF THE HOLY CHILD 403(b) DC PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended August 31, 2025 and 2024

ADDITIONS	2025	2024
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 1,386,397	$ 1,824,829
Interest and dividends	91,005	62,295
	1,477,402	1,887,124
Participant loan interest	93	70
Other income	2,824	-
Contributions:		
Participants	435,824	427,227
Employer	380,039	356,408
Rollovers	142,351	-
	958,214	783,635
TOTAL ADDITIONS	2,438,533	2,670,829
DEDUCTIONS		
Deductions from nets assets attributed to:		
Benefits paid to participants	229,936	750,129
Payments to insurance company for annuity settlement	22,648	-
Administrative expenses	9,825	3,094
TOTAL DEDUCTIONS	262,409	753,223
NET INCREASE	2,176,124	1,917,606
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	12,341,035	10,423,429
END OF YEAR	$ 14,517,159	$ 12,341,035

See accompanying notes and independent auditors' report.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Connelly School of the Holy Child 403(b) DC Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement and amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Connelly School of the Holy Child (the "School"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees of the School is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Plan Contributions

Participants may contribute 100% of their pretax annual compensation as defined in the Plan, subject to certain limitations set forth by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover contributions).

The School makes nondiscretionary contributions of 5% of eligible compensation to each employee who has completed one year of service (1,000 hours minimum).

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the School's nondiscretionary contributions and Plan gains or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's accounts.

Investment Options

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

Vesting

Participants are immediately vested in their voluntary contributions, School nondiscretionary contributions, and actual earnings thereon.

Participant Loans

The Plan allows participant loans in accordance with the plan document, from the portion of the participant's vested account balance attributable to employer contributions, rollover contributions, direct transfers, and employee elected deferral contributions. Loan terms range from one to five years or up to ten years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of 1% above the prime interest rate.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Loans (Continued)

Principal and interest are paid ratably through payroll deductions. If a participant terminates employment with the School, the loan becomes due and payable in full immediately. If the loan is not repaid, it will automatically be treated as a distribution to the participant on the last day of the calendar quarter following the calendar quarter in which the participant missed the scheduled payment.

Payment of Benefits and Withdrawals by Participants

Distributions from the Plan are permitted upon termination of employment, retirement, death or disability. In-service withdrawals are also permitted for certain financial hardships or when a participant attains age 59½. Benefits are payable as annuities, installments or lump sum, as permitted by the funding vehicle. If a participant's account balance is $7,000 or less, distribution will be made in a lump sum distribution, subject to the rule of any investment in which a participant's accounts are invested.

Transfers from TIAA accounts

Participants are permitted to transfer funds between their CREF accounts and into their TIAA Traditional Annuity at any time. However, transfers out of the TIAA annuity into any CREF account by an active participant can only be made through a transfer payout annuity, which provides for the transfer of funds in substantially equal installments over a period of ten years.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America.

Use of Accounting Estimates

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of certain assets and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)
The net appreciation in fair value of investments includes realized and unrealized gains and losses on the fair value of investments held by the Plan. Purchases and sales of investments are recorded on a settlement date basis. Dividends are recorded on the ex-dividend date. Interest is accrued on a daily basis.

Management fees and operating expenses charged to the Plan for investments in variable annuities are deducted from income earned on a daily basis and are not separately reflected. Consequently, the management fees and operating expenses are reflected as a reduction of net appreciation in fair value of investments.

Contributions
Contributions from employees and the School are recorded in the period in which the School makes the payroll deductions from participant earnings.

Benefits Paid to Participants
Benefits paid to participants are recorded when paid.

Administrative Expenses
Administrative expenses of the Plan represent recordkeeping, investment advisory, and other service fees charged directly against Plan assets. Certain other administrative expenses of the Plan, such as audit and legal expenses, are paid directly by the School and are not reflected in these financial statements.

Reclassification
Certain balances at August 31, 2024 have been reclassified to conform to the August 31, 2025 presentation.

Subsequent Events
The Plan has evaluated subsequent events through June 12, 2026, which is the date the financial statements were available to be issued. See Note 13.

NOTE 3 - INVESTMENTS

All investment information disclosed in the accompanying financial statements and supplemental schedule of assets held including investments held at August 31, 2025 and 2024 and net appreciation in fair value of investments and interest and dividend income for the years ended August 31, 2025 and 2024 was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Education Fund ("CREF") (collectively referred to as TIAA), the insurance carrier of the Plan.

NOTE 4 - INVESTMENT CONTRACTS WITH INSURANCE COMPANY

The Plan has investment contracts with TIAA, some of which are fully benefit-responsive

NOTE 4 - INVESTMENT CONTRACTS WITH INSURANCE COMPANY (CONTINUED)

while others are not. 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. Each premium allocated to the insurance company general account contract buys a guaranteed minimum amount of lifetime income based on the rate schedule in effect at the time the premium is credited.

For investment contracts that are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the assets available for benefits attributable to the investment contract. The fully benefit-responsive contracts have been presented at contract value as of August 31, 2025 and 2024, as reported to the Plan by TIAA. Contract value represents the accumulated cash contributions and credited interest less charges for 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 Plan's ability to receive amounts due in accordance with a fully benefit-responsive investment contract is dependent on third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligation may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following: the Plan's failure to qualify under Section 401(a) of the Internal Revenue Code (the Code) or the failure of the trust to be tax-exempt under Section 501(a) of the Code, premature termination of the contracts, plan termination or merger, changes to the Plan's prohibition on competing investment options, bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plans' normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: an uncured violation of the Plan's investment guidelines, a breach of material obligation under the contract, a material misrepresentation, or a material amendment of the agreements without the consent of the issuer.

NOTE 5 - FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* topic of the FASB Accounting Standards Codification establishes a common definition for fair value to be applied to U.S. generally accepted accounting principles requiring use of fair value, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements.

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

That framework establishes a hierarchy for ranking the quality and reliability of the information used to determine fair values. The framework requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

Level 1: Unadjusted quoted market prices in active markets for identical assets or liabilities.

Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs for the asset or liability.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. As required by these provisions, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

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

Insurance company general account contract (non-fully benefit-responsive):
The TIAA Traditional Investment (Traditional Annuity) is reported at contract value, which approximates fair value. Each premium allocated to the Traditional Annuity buys a guaranteed minimum amount of lifetime income based on the rate schedule in effect at the time the premium is credited.

Mutual funds:
Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate account:
The pooled separate account is invested in the TIAA Real Estate Account (REA). The REA generally invests in real estate properties and real estate-related investments. The pooled separate account is valued at the daily unit value published on NASDAQ. The funds are not traded on this exchange. The value of the unit holder's investment rises and falls with the return on the underlying assets in the funds.

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

Variable annuities (excluding Access annuities):
Variable annuities invest principally in equity securities, fixed-income instruments, and short-term instruments in accordance with each portfolio's investment objective. The variable annuities are valued at the daily unit value published on NASDAQ. The funds are not traded on this exchange. The value of the unit holder's investment rises and falls with the return on the underlying assets in the funds.

Access annuities:
Variable annuities whose subaccount unit values are calculated daily and are available on the TIAA website. The underlying investments are generally valued using market quotations obtained from independent pricing services.

The following presents by level, within the fair value hierarchy, the Plan investment assets at fair value, as of August 31, 2025 and 2024:

	Fair Value Measurements Using:		
August 31, 2025	Unadjusted quoted market prices (Level 1)	Significant unobservable inputs (Level 3)	Total
Insurance company general account contracts (non-fully benefit responsive)	$ -	$525,523	$525,523
Mutual funds	2,165,273	-	2,165,273
Pooled separate account	400,924	-	400,924
Variable annuities	8,737,060	-	8,737,060
Access annuities[1]	-	-	1,733,105
Total	$11,303,257	$525,523	$13,561,885

	Fair Value Measurements Using:		
August 31, 2024	Unadjusted quoted market prices (Level 1)	Significant unobservable inputs (Level 3)	Total
Insurance company general account contracts (non-fully benefit responsive)	$ -	$521,056	$521,056
Mutual funds	697,267	-	697,267
Pooled separate account	417,826	-	417,826
Variable annuities	7,528,274	-	7,528,274
Access annuities[1]	-	-	2,165,475
Total	$8,643,367	$521,056	$11,329,898

[1] *In accordance with ASC 820, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this total are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Asset Available For Benefits.*

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

The table below sets forth a summary of changes in fair value of the Plan's Level 3 assets for the years ended August 31, 2025 and 2024:

Year ended August 31, 2025	Insurance Company General Account Contracts (non-fully benefit responsive)
Purchases	$ -
Issues	-
Transfers into level 3	-
Transfers out of level 3	-

Year ended August 31, 2024	Insurance Company General Account Contracts (non-fully benefit responsive)
Purchases	$990
Issues	-
Transfers into level 3	-
Transfers out level 3	-

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 value for those inputs as of August 31, 2025 and 2024.

Instrument	Fair Value 2025	Fair Value 2024	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values
TIAA Traditional Annuity	$525,523	$521,056	Discounted cash flow	Risk-adjusted discount rate applied	Crediting rate 3.55%-6.50%

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of August 31, 2025:

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
TIAA Access Variable Annuities	$1,733,105	$ -	Daily	None

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of August 31, 2024:

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
TIAA Access Variable Annuities	$2,165,475	$ -	Daily	None

The significant investment strategies of the TIAA Access Variable Annuities valued at net asset value per share by class are as follows:

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

Multi-Asset: To invest in domestic and foreign stocks, bonds, and other equity securities of companies that meet certain social criteria including specified environmental, social, and governance criteria.

Equities: To invest in a board diversified portfolio of foreign and domestic common stocks to meet a specified favorable long-term rate of return.

Fixed Income: To invest in a broad range of fixed income securities with high income yields, returns that outpace inflation, or returns that are designated to track a specified inflation index.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the School has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 - TAX STATUS

The Plan has adopted a volume submitter 403(b) Plan document sponsored by TIAA. The Plan received a favorable opinion letter from the IRS dated August 7, 2017. The Plan has been amended since the effective date of the determination letter. However, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

As of August 31, 2025, the federal statute of limitations remains open for the tax years ended August 31, 2022 through August 31, 2025.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 8 - RISKS AND UNCERTAINTIES (CONTINUED)

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across all participant-directed fund elections. Additionally, the investments within each participant-directed fund election are further diversified into varied financial instruments. As of August 31, 2025, approximately 18%, 15%, and 10% of the plan's net assets were invested in CREF Stock, CREF Growth, and CREF Global Equities, respectively. As of August 31, 2024, approximately 18%, 15%, and 10% of the plan's net assets were invested in CREF Stock, CREF Growth, and CREF Global Equities, respectively.

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments in variable annuities, a pooled separate account, and insurance company general account contracts are managed by TIAA. The Plan issues loans to participants, which are secured by the balances in the participants' accounts.

The School paid certain administrative expenses of the Plan, including record-keeping and audit fees. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

NOTE 10 - PLAN LOANS

Participants were previously allowed to borrow from TIAA using a portion of their plan account as security for the loan. The minimum loan was $1,000 and could be up to the lesser of $50,000 or 45% of their account balance. The loans bore interest at rates commensurate with local prevailing rates as determined periodically by TIAA. Principal and interest was paid ratably through monthly or quarterly payments by the participant to TIAA. The Plan Administrator concluded that these loans were not Plan assets and that such arrangements were exempt transactions.

TIAA no longer offers Plan loans. The balance of TIAA collateralized loans was $0 and $1,811 as of August 31, 2025 and 2024, respectively. As of August 31, 2025, there were no TIAA collateralized loans outstanding or in default. Participants who wish to borrow from the Plan now do so under a participant loan program administered through the Plan's recordkeeper, as described in Note 1.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Assets, income, expenses, and changes in net assets per Schedule H of Form 5500 for the years ended August 31, 2025 and 2024 agree to the 2025 and 2024 audited financial statements of the Plan, respectively.

NOTE 12 - PROHIBITED TRANSACTIONS – DELINQUENT CONTRIBUTIONS

During the years ended August 31, 2025 and 2024, all employee contributions were remitted to the Plan on timely basis.

NOTE 13 - SUBSEQUENT EVENT

Effective March 1, 2026, the Plan was restated to adopt a new plan document sponsored by Principal Life Insurance Company. In connection with the restatement, the Plan implemented an automatic contribution arrangement whereby employees who enter or re-enter the Plan on or after March 1, 2026 are automatically enrolled at a deferral rate of 5% of compensation unless they make an election to contribute a different amount or opt out. The restatement also modified certain distribution provisions of the Plan.

CONNELLY SCHOOL OF THE HOLY CHILD 403(b) DC PLAN
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (Held at End of Year)
EMPLOYER IDENTIFICATION NUMBER 52-0743609
August 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	TIAA Traditional Benefit Responsive	Insurance company general account contract	**	$ 953,370
*	TIAA Traditional Non Benefit Responsive	Insurance company general account contract	**	525,523
*	TIAA Stable Value	Insurance company general account contract	**	1,139
*	TIAA Real Estate	Pooled separate account	**	400,924
*	CREF Stock	Variable annuity	**	2,607,321
*	CREF Money Market	Variable annuity	**	880,097
*	CREF Social Choice	Variable annuity	**	151,479
*	CREF Global Equities	Variable annuity	**	1,429,173
*	CREF Growth	Variable annuity	**	2,159,085
*	CREF Equity Index	Variable annuity	**	1,054,976
*	CREF Inflation-Linked Bond	Variable annuity	**	32,915
*	CREF Core Bond R1	Variable annuity	**	422,014
*	TIAA Access Core Bond Plus	Variable annuity	**	57,234
*	TIAA Access Equity Index	Variable annuity	**	2,738
*	TIAA Access Core Equity	Variable annuity	**	55,791
*	TIAA Access International Equity	Variable annuity	**	144,003
*	TIAA Access Large Cap Growth	Variable annuity	**	65,470
*	TIAA Access Large Cap Value	Variable annuity	**	57,104
*	TIAA Access Lifecycle 2020 T4	Variable annuity	**	51,445
*	TIAA Access Lifecycle 2025 T4	Variable annuity	**	143,988
*	TIAA Access Lifecycle 2030 T4	Variable annuity	**	154,773
*	TIAA Access Lifecycle 2035 T4	Variable annuity	**	64,068
*	TIAA Access Lifecycle 2040 T4	Variable annuity	**	72,592
*	TIAA Access Lifecycle 2045 T4	Variable annuity	**	168,625
*	TIAA Access Lifecycle 2050 T4	Variable annuity	**	57,720
*	TIAA Access Lifecycle 2055 T4	Variable annuity	**	193,270
*	TIAA Access Lifecycle 2060 T4	Variable annuity	**	82,458
*	TIAA Access Mid Cap Growth	Variable annuity	**	28,584
*	TIAA Access Mid Cap Value	Variable annuity	**	113,228
*	TIAA Access Real Estate Securities Fund	Variable annuity	**	36,889
*	TIAA Access Small Cap Blend	Variable annuity	**	31,135
*	TIAA Access Quant Small Cap Equity	Variable annuity	**	87,849
*	TIAA Access Nuveen Large Cap Responsible Equity	Variable annuity	**	64,141
	Nuveen Bond Index	Mutual fund	**	54,344
	Nuveen Equity Index	Mutual fund	**	294,103
	Nuveen Core Equity	Mutual fund	**	1,808
	Nuveen International Equity	Mutual fund	**	99,130
	Nuveen Lifecycle lx 2020	Mutual fund	**	52,482
	Nuveen Lifecycle lx 2025	Mutual fund	**	114,817
	Nuveen Lifecycle lx 2030	Mutual fund	**	177,355
	Nuveen Lifecycle lx 2035	Mutual fund	**	126,003
	Nuveen Lifecycle lx 2040	Mutual fund	**	191,149
	Nuveen Lifecycle lx 2045	Mutual fund	**	256,601
	Nuveen Lifecycle lx 2050	Mutual fund	**	83,624
	Nuveen Lifecycle lx 2055	Mutual fund	**	299,623
	Nuveen Lifecycle lx 2060	Mutual fund	**	152,511
	Nuveen Lifecycle lx 2065	Mutual fund	**	6,808
	Nuveen Large Cap Growth	Mutual fund	**	7,406
	Nuveen Large Cap Value	Mutual fund	**	78,256
	Nuveen Mid Cap Value	Mutual fund	**	578
	Nuveen Real Estate Securities Select	Mutual fund	**	8,657
	Nuveen Small Cap Blend Index	Mutual fund	**	30,489
	Nuveen Large Cap Responsible Equity	Mutual fund	**	8,714

	Vanguard Treasury Money Market	Mutual fund	**	40,262
	Vanguard International Value	Mutual fund	**	11,920
	Nuveen International Opps	Mutual fund	**	12,702
	Nuveen Quant Small/Md Cap Equity	Mutual fund	**	17,442
	Vanguard Extended Market Index	Mutual fund	**	9,438
	Vanguard Global Equity	Mutual fund	**	11,479
	Vanguard Small-Cap Value Index	Mutual fund	**	507
	Nuveen Emerging Markets Equity Index	Mutual fund	**	17,065
*	Participant loans	Interest rates of 4.25% to 9.5% with maturity dates through December 15, 2026	** $ -	765
				$ 14,517,159

* Party-in-interest

** Cost omitted for participant-directed accounts

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

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

(A)	(B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive	$681,151.42	$953,370.38
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive	$358,109.35	$525,522.83
*	College Retirement Equities Fund variable annuities	TIAA STABLE VALUE	$1,121.23	$1,138.81
*	College Retirement Equities Fund variable annuities	CREF Stock R1	$825,429.53	$2,607,320.80
*	College Retirement Equities Fund variable annuities	CREF Money Market R1	$777,150.81	$880,097.22
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1	$80,536.29	$151,478.96
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1	$504,806.36	$1,429,173.14
*	College Retirement Equities Fund variable annuities	CREF Growth R1	$647,978.06	$2,159,084.57
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1	$305,292.86	$1,054,976.16
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1	$26,907.12	$32,914.76
*	College Retirement Equities Fund variable annuities	TIAA Real Estate	$305,417.30	$400,924.47
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Pl Bd T4	$54,010.85	$57,233.54
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Equity Idx T4	$1,158.17	$2,737.59
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Equity T4	$23,474.90	$55,790.98
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Intl Equity T4	$108,049.47	$144,002.93
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Gr T4	$26,563.94	$65,469.66
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Val T4	$38,788.83	$57,103.91
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2020 T4	$43,482.06	$51,444.88
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2025 T4	$118,373.60	$143,987.58
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2030 T4	$119,978.52	$154,773.16
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2035 T4	$49,080.53	$64,068.33
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2040 T4	$53,051.01	$72,592.19
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2045 T4	$121,777.18	$168,624.99
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2050 T4	$36,712.99	$57,719.64
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qnt MdCpGrw T4	$23,428.46	$28,584.21
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Val T4	$76,719.55	$113,228.40
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv RlEstSecSel T4	$30,180.06	$36,888.55
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Sm Cp Bl Ix T4	$22,674.13	$31,135.42
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qt Sm Cp Eq T4	$59,873.00	$87,849.34
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LgCp Res Eq T4	$29,656.07	$64,141.07

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

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

(A)	(B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
	College Retirement Equities Fund variable annuities	LOAN FUND	$764.60	$764.60
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1	$381,493.54	$422,014.16
	College Retirement Equities Fund variable annuities	Nuveen Bond Index R6	$53,858.93	$54,343.84
	College Retirement Equities Fund variable annuities	Nuveen Equity Index R6	$260,330.33	$294,103.42
	College Retirement Equities Fund variable annuities	Nuveen Core Equity R6	$1,446.85	$1,808.38
	College Retirement Equities Fund variable annuities	Nuveen Internatl Equity R6	$88,365.47	$99,130.33
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2020 R6	$49,259.03	$52,481.72
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2025 R6	$107,049.76	$114,817.12
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2030 R6	$161,533.43	$177,354.63
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2035 R6	$113,742.02	$126,003.18
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2040 R6	$170,549.05	$191,149.43
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2045 R6	$225,626.65	$256,600.74
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2050 R6	$73,047.87	$83,624.07
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2055 R6	$259,234.34	$299,622.50
	College Retirement Equities Fund variable annuities	Nuveen Large Cap Growth R6	$7,251.22	$7,406.20
	College Retirement Equities Fund variable annuities	Nuveen Large Cap Value R6	$72,329.79	$78,256.16
	College Retirement Equities Fund variable annuities	Nuveen Mid Cap Value R6	$475.73	$578.31
	College Retirement Equities Fund variable annuities	Nuveen Real Est Sec Sel R6	$8,510.93	$8,657.12
	College Retirement Equities Fund variable annuities	Nuveen Small Cap Bld Idx R6	$28,456.86	$30,489.07
	College Retirement Equities Fund variable annuities	Nuveen Large Cap Resp Eq R6	$8,605.48	$8,713.60
	College Retirement Equities Fund variable annuities	Vanguard Treasury MoneyMkt Inv	$40,261.61	$40,261.61
	College Retirement Equities Fund variable annuities	Vanguard Intl Value Inv	$11,204.83	$11,919.77
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2055 T4	$136,100.32	$193,270.29
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2060 T4	$58,496.89	$82,458.48
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2065 R6	$5,968.46	$6,808.07
	College Retirement Equities Fund variable annuities	Nuveen Internatl Opps R6	$12,238.50	$12,701.83
	College Retirement Equities Fund variable annuities	Nuveen Quant Sm/Md Cp Eq R6	$16,395.45	$17,442.28
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2060 R6	$133,197.17	$152,510.71
	College Retirement Equities Fund variable annuities	Vanguard Extended Mkt Idx Adm	$9,137.93	$9,438.00
	College Retirement Equities Fund variable annuities	Vanguard Global Equity Inv	$10,739.07	$11,479.48

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

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

(A)	(B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
	College Retirement Equities Fund variable annuities	Vanguard Small-Cap Val Idx Adm	$512.97	$506.74
	College Retirement Equities Fund variable annuities	Nuveen Emerg Mkts Eq Idx R6	$16,035.79	$17,065.05