

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE ATHENIAN SCHOOL 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 08/01/1965
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE ATHENIAN SCHOOL 2100 MOUNT DIABLO SCENIC BLVD DANVILLE, CA 94506
2b	Employer Identification Number (EIN) 94-6070808
2c	Plan Sponsor's telephone number 925-362-7221
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.	06/23/2026	JESSIE ANG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/07/2026	KEITH POWELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 332
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 130 6a(2) 129 6b 0 6c 202 6d 331 6e 2 6f 333 6g(1) 328 6g(2) 328 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2F 2G 2L 2M 3D 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ATHENIAN SCHOOL 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ATHENIAN SCHOOL	D Employer Identification Number (EIN) 94-6070808	

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

(a) Name of insurance carrier
TIAA-CREF

(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	334632	216	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	5904047
5 Current value of plan's interest under this contract in separate accounts at year end	5	24581411

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

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

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

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

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

b Balance at the end of the previous year	7b	5382901
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c Additions: (1) Contributions deposited during the year	7c(1)	241837	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	238074	
(4) Transferred from separate account	7c(4)	786421	
(5) Other (specify below)	7c(5)	39069	

▶ PLAN SERVICING CREDIT

(6) Total additions	7c(6)	1305401
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d Total of balance and additions (add lines 7b and 7c(6))	7d	6688302
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	446298	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	298062	
(4) Other (specify below)	7e(4)	39895	

▶ FEES

(5) Total deductions	7e(5)	784255
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5904047
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ATHENIAN SCHOOL 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ATHENIAN SCHOOL	D Employer Identification Number (EIN) 94-6070808	

Part I	Service Provider Information (see instructions)
You must complete this Part, in accordance with the instructions, to report the information required for each person who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received only eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.	
1 Information on Persons Receiving Only Eligible Indirect Compensation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No	
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA	
13-1624203	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

BEACON POINTE ADVISORS, LLC

27-0636826

(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?
26 27	ADVISOR	39149	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	8638	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ATHENIAN SCHOOL 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE ATHENIAN SCHOOL	D Employer Identification Number (EIN) 94-6070808	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	TIAA REAL ESTATE
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b Name of sponsor of entity listed in (a):	TIAA-CREF
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c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 561803
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ATHENIAN SCHOOL 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ATHENIAN SCHOOL		D Employer Identification Number (EIN) 94-6070808

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)	14505	19395
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	463103	561803
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34044770	40024672
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5382901	5904047
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	39905279	46509917

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	39905279	46509917
--	-----------	----------	----------

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)	843908	
(B) Participants	2a(1)(B)	1427125	
(C) Others (including rollovers)	2a(1)(C)	364790	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2635823
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)	1670	
(F) Other	2b(1)(F)	238074	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		239744
(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)	934387	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		934387
(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)		20252
(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)		4912592
c Other income	2c		39069
d Total income. Add all income amounts in column (b) and enter total	2d		8781867

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2101851	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	27665	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2129516
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)	47713	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		47713
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2177229

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6604638
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HARSHWAL & COMPANY**

(2) EIN: **27-0741376**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE ATHENIAN SCHOOL 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ATHENIAN SCHOOL		D Employer Identification Number (EIN) 94-6070808
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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
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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
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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 <u>08 / 07 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500954A</u> .	

THE ATHENIAN SCHOOL 403(b) PLAN
AUDITED FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2025 AND 2024
AND FOR THE YEAR ENDED DECEMBER 31, 2025



THE ATHENIAN SCHOOL 403(b) PLAN
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DECEMBER 31, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Plan administrator and trustees
The Athenian School 403(b) Plan
Danville, California

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

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

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

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

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

Harshmal & Company LLP

San Diego, California
June 19, 2026

FINANCIAL STATEMENTS

THE ATHENIAN SCHOOL 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value:		
Insurance company general account	\$ 5,904,047	\$ 5,382,901
Pooled separate account	561,803	463,103
Registered investment companies	<u>40,024,672</u>	<u>34,044,770</u>
Total investments	<u>46,490,522</u>	<u>39,890,774</u>
Receivables:		
Participant loans	<u>19,395</u>	<u>14,505</u>
Total receivables	<u>19,395</u>	<u>14,505</u>
Total assets	<u>46,509,917</u>	<u>39,905,279</u>
Net assets available for benefits	<u><u>\$ 46,509,917</u></u>	<u><u>\$ 39,905,279</u></u>

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

THE ATHENIAN SCHOOL 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$ 5,170,919
Dividend income	934,386
Interest income	1,670
Other income: Plan servicing credits	<u>39,069</u>
Total investment income	<u>6,146,044</u>

Contributions:

Participants	1,427,125
Employer	843,908
Rollover	<u>364,790</u>
Total contributions	<u>2,635,823</u>
Total additions	<u>8,781,867</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	2,101,851
Administrative expenses	<u>47,713</u>
Total deductions	<u>2,149,564</u>
Net increase in net assets available for benefits	6,632,303
Transfer of assets to another plan	(27,665)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>39,905,279</u>
End of year	<u><u>\$ 46,509,917</u></u>

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

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 - DESCRIPTION OF PLAN

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

A. General

The Plan is a defined contribution plan available to eligible employees of the Athenian School (the Employer). The Plan is intended to qualify under Section 403(b) of the Internal Revenue Code (IRC). Generally, all employees of the Employer are eligible to enroll in the Plan, which is subject to the provisions of Employee Retirement Income Security Act of 1974 ("ERISA").

B. Plan Administration

The Employer is the administrator of the Plan and, as such, carries out the duties imposed by ERISA. The Employer has delegated certain responsibilities for the operation and administration of the Plan. Trustee and recordkeeping services are provided by the Teachers Insurance and Annuity Association-College Retirement and Equities Fund ("TIAA-CREF").

Certain administrative expenses of the Plan, including recordkeeping, were paid directly by the Employer for the year ended December 31, 2025. Investment fees, which may vary according to the individual funds selected, are paid out of the assets of the Plan. Participants should refer to the prospectus of the individual investment funds for further details on individual investment fees.

C. Contributions

Contributions from employees and the Employer are recorded in the period in which payroll deductions are made from participant earnings. Under the provisions of the Plan, employees may elect to contribute any percentage of their salary, subject to the maximum limits permitted by law. Employees who have attained age 50 are eligible to make additional catch-up contributions, which are limited to \$7,500 for the year 2025. Catch-up deferrals of \$11,250 are allowed for participants aged 60 to 63. The Employer contributes between 1% and 6% of an eligible participant's compensation, provided the participant completes at least 1,000 hours of service during the Plan year.

Contributions are subject to certain limitations. The limits include:

	<u>2025</u>	<u>2024</u>
Elective Deferrals	\$ 23,500	\$ 23,000
Catch-up Contributions	\$ 7,500	\$ 7,500
Defined Contribution Limits	\$ 70,000	\$ 69,000
Annual Compensation	\$ 350,000	\$ 345,000

D. Refundable Contributions

The Plan completes a non-discrimination test pursuant to IRS regulations on an annual basis. Excess contributions determined as a result of this test, if any, are netted against the participant contributions in the Statement of Changes in Net Assets Available for Benefits. For the years ended December 31, 2025, and 2024, the Plan passed the non-discrimination test.

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 - DESCRIPTION OF PLAN - CONT'D

E. Participant Investment Rollovers

Participants are permitted to transfer or rollover funds into the Plan from other qualified plans or 403(b) plans, including individual retirement accounts, provided certain conditions are met. As of December 31, 2025, and 2024, the Plan had participant rollover contributions amounting to \$364,790 and \$31,415, respectively.

F. Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Employer's contributions, and earnings thereon and is charged with an allocation of applicable administrative expenses. Allocations are based on participant earnings or account balances, as defined. Participants select the allocation of investment funds to be applied to contributions credited to their account.

G. Investment Options

Upon enrollment in the Plan, participants may direct their allocation of basic and matching contributions with TIAA-CREF. Within these investment vehicles, participants may select between several investment options as more fully described in the Plan's literature. Participants may change their investment options at any time.

H. Vesting

Participants are fully and immediately vested in their voluntary contributions, Employer's contributions, and actual earnings thereon. The value of the participant's account attributable to the Employer's contribution is fully vested as of the first day on which such contribution may be made to the Plan.

I. Loans to Participants/Collateralized Assets

The Plan offers a loan feature whereby a participant (borrower) enrolled in the Plan may borrow a minimum of \$1,000 up to a maximum of 45% of his/her vested balance not to exceed \$50,000 (whichever is less). Loans with TIAA and CREF are issued directly from funds owned by TIAA and CREF and not directly from a participant's account. Interest and principal are paid by the participant directly to TIAA and CREF. The loans are not considered assets of the Plan and, therefore, are not reported in the statements of net assets available for benefits. Adequate security is required, and a portion of the participant's account is reserved or held as collateral to cover 110% of the outstanding loan in case of default. The collateral for the loan is maintained as part of the participant's TIAA Traditional Annuity account. The collateral securing the loan continues to earn interest. The collateralized balance is not available for transfer, withdrawal, retirement income benefits, or survivor benefits. The loan interest rate for these loans may be fixed or variable, and the initial rate is determined by the terms of the controlling contract, including the rate adjustment details and frequency. Principal repayments are transferred to the investment options chosen under the terms of the Plan. The total outstanding loan balance issued by TIAA-CREF was \$25,562 and \$40,796 as of December 31, 2025, and 2024, respectively. As of December 31, 2025, interest rates on loans outstanding 5.80% to 5.85%, with maturities ranging from 2027 through 2030.

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 - DESCRIPTION OF PLAN - CONT'D

J. Notes Receivable from Participants

Loans are permitted in accordance with the Plan Loan Policy and are available from the participant's underlying investments. Loan proceeds are funded from the participant's accounts and are not collateralized. Participants borrow directly from their accounts, and interest and principal are paid by the participants directly to the Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF"). In accordance with the Plan Loan Policy, loans to participants are limited to 50% of the nonforfeitable account balance. Since the loan relationship is between the participant and the Plan, participant loans are considered plan assets and reported as notes receivable from participants in the statement of net assets available for benefits.

Plan loans issued by TIAA-CREF are secured by the balance in the participants' accounts and bear an interest rate of 8.50% and 9.50%, with maturities through April 2030 as of December 31, 2025. Principal and interest are repaid by payroll deductions. Total loans outstanding were \$19,395 and \$14,505 as of December 31, 2025, and 2024, respectively.

K. Benefits and Withdrawals

Participants are eligible to receive a distribution from the Plan upon reaching age 59½, termination of employment, retirement, hardship, completion of five years of participation in the Plan, death, or disability. In the event of termination of service due to death, disability, retirement, or other reasons, participants receive a lump-sum distribution equal to the value of their vested account balance. If termination is due to death, any nonvested balance becomes fully vested immediately. The Plan has paid the benefits to participants amounting to \$2,101,851 and \$2,519,199, respectively, as of December 31, 2025 and 2024.

L. Deemed Distributions

Deemed distributions represent the unpaid principal on participant loans actively participating in the Plan who have yet to continue making payments on the outstanding notes as required under the participant loans from the participant's program. As of December 31, 2025, and 2024, there were no deemed distributions.

M. Administrative expenses

The Plan has elected to pay certain administrative expenses relating to the Plan. Loan administration fees and certain investment management fees are paid by the participants through the Plan. The Plan has paid administrative expenses \$47,713 and \$63,340 respectively, as of December 31, 2025 and 2024.

N. Forfeited Accounts

Forfeitures of employer contribution amounts are used to offset the Plan expenses and reduce future employer match contributions, or any remaining amounts may be reallocated as additional contributions. As of December 31, 2025, and 2024, there were no forfeited non-vested account balances.

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America, except for distributions paid to participants, which are prepared on the cash basis of accounting.

B. Use of Accounting Estimates

The preparation of financial statements in accordance with generally accepted accounting principles in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of certain assets, liabilities, 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.

C. Investment Valuation and Income Recognition

On December 31, 2025, the Plan's investments were held in various insurance contracts and annuities and are reported at fair value, except for fully benefit-responsive investments, which are reported at contract value. The net appreciation in the 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. Interest income is accrued as it is earned, and dividends are recorded as of the ex-dividend date.

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. The contract value is the relevant measurement attribute for that 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 would receive if they were to initiate permitted transactions under the terms of the Plan. Fair value determinations are made based on a hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

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

The change in net unrealized appreciation/depreciation of investments held from the beginning of the Plan year to the end of the Plan year is included with realized gains/losses as net investment income/loss reported in the accompanying statements of net assets available for benefits.

D. Payments of Benefits

Benefit payments to participants are recorded when paid.

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TIAA-CREF

The Plan has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rule and Regulations for Reporting and Disclosure under ERISA. Accordingly, Teachers Insurance and Annuity Association-College Retirement and Equities Fund, a qualified institution, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments and notes receivable from participants as reported on the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024;
- Net investment gain, interest, dividend and other income on notes receivable from participants as shown on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025;
- Investment amounts included in the Notes to Financial Statements;
- All investment information included in the Supplemental Schedule of Assets (Held at the End of Year) - as of December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule, reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP and whether the supplemental schedule is in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 4 - FAIR VALUE MEASUREMENTS - CONT'D

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

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

- **TIAA Traditional Annuity:** The TIAA Traditional Annuity is reported at contract value. The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers in, if any, less any withdrawals and transfers out, if any. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable. (Level 3)
- **TIAA Real Estate Account (REA):** The REA is a separate account of TIAA, an insurance company, and is registered with the SEC under the Securities Act of 1933 and the Securities Exchange Act of 1934. It is also a variable annuity. To the extent that the assets of the Plan subject to ERISA are invested in the REA, TIAA will act as an "investment manager," as that term is defined under section 3(38) of ERISA. Contributions to the REA buy accumulation units whose value is calculated every business day. Beginning in October 2014, daily unit values for the TIAA Real Estate Account are listed on NASDAQ's website. The unit values are updated overnight for each day that NASDAQ is open. The value of a participant's investment rises and falls with the return on the underlying assets in the REA, along with the income generated by those assets. (Level 1).
- **TIAA-CREF Funds:** The TIAA-CREF Funds (the "Trust") is a Delaware statutory trust registered with the SEC under the Investment Company Act of 1940 as an open-end management investment company. Each Fund or series of the Trust (each a "Fund") is a separate portfolio with its own investment objective and strategies. Investments in a Fund enable a shareholder to acquire shares whose net asset value is calculated each business day. The value of a shareholder's investment rises and falls with the returns on the underlying assets in the Fund's portfolio. (Level 1).

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2025, and 2024:

	<u>Assets at Fair Value as of December 31, 2025</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Shares in registered investment companies				
Equities	\$ 27,703,607	\$ -	\$ -	\$ 27,703,607
Money market	450,424	-	-	450,424
Fixed income	2,924,645	-	-	2,924,645
Multi-asset	<u>8,945,996</u>	<u>-</u>	<u>-</u>	<u>8,945,996</u>
Subtotal	<u>40,024,672</u>	<u>-</u>	<u>-</u>	<u>40,024,672</u>
Pooled separate accounts				
Real estate account	561,803	-	-	561,803
Insurance company general account	<u>-</u>	<u>-</u>	<u>5,904,047</u>	<u>5,904,047</u>
Total assets at fair value	<u>\$ 40,586,475</u>	<u>\$ -</u>	<u>\$ 5,904,047</u>	<u>\$ 46,490,522</u>

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 4 - FAIR VALUE MEASUREMENTS - CONT'D

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Shares in registered investment companies				
Equities	\$ 23,742,111	\$ -	\$ -	\$ 23,742,111
Money market	497,029	-	-	497,029
Fixed income	2,541,226	-	-	2,541,226
Multi-asset	<u>7,264,404</u>	<u>-</u>	<u>-</u>	<u>7,264,404</u>
Subtotal	<u>34,044,770</u>	<u>-</u>	<u>-</u>	<u>34,044,770</u>
Pooled separate accounts				
Real estate account	463,103	-	-	463,103
Insurance company general account	<u>-</u>	<u>-</u>	<u>5,382,901</u>	<u>5,382,901</u>
Total assets at fair value	<u>\$ 34,507,873</u>	<u>\$ -</u>	<u>\$ 5,382,901</u>	<u>\$ 39,890,774</u>

The following table sets forth a summary of changes in the fair value of the Plan's assets for the year ended December 31, 2025:

Investment Category	Beginning Balance	Contributions and Earnings	Distributions and Fees	Transfers	Ending Balance
Registered investment companies (level 1)	\$ 34,044,770	\$ 8,242,636	\$ (1,660,425)	\$ (602,309)	\$ 40,024,672
Pooled separate accounts (level 1)	463,103	20,252	(7,836)	86,284	561,803
Insurance company general account (level 3)	5,382,901	518,979	(486,193)	488,360	5,904,047
Participant loan fund	<u>14,505</u>	<u>-</u>	<u>4,890</u>	<u>-</u>	<u>19,395</u>
Total	<u>\$ 39,905,279</u>	<u>\$ 8,781,867</u>	<u>\$ (2,149,564)</u>	<u>\$ (27,665)</u>	<u>\$ 46,509,917</u>

The following schedule presents a summary of appreciation in fair value, including interest/dividend of each major investment type for the year ended December 31, 2025:

Registered investment companies	\$ 5,848,650
Pooled separate accounts	20,252
Insurance company general account	<u>238,073</u>
Total	<u>\$ 6,106,975</u>

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 4 - FAIR VALUE MEASUREMENTS - CONT'D

Quantitative Information about Significant Unobservable Inputs used in Level 3 Fair Value Measurements

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

<u>Instrument</u>	<u>Contract Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	
Insurance Company General Contract	\$ 5,904,047	Discounted Cash Flow Theoretical transfer (exit-value)	Risk-adjusted discount rates applied	RA -	3.55% - 6.50%
				SRA -	3.00% - 5.75%
				GRA -	3.55% - 6.50%
				GSRA -	3.00% - 5.75%
				RC -	3.80% - 6.75%
				RCP -	3.05% - 6.00%

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by TIAA-CREF. TIAA-CREF is the trustee as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions.

NOTE 6 - TAX STATUS

The Plan is subject to Section 403(b) of the Internal Revenue Code. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Organization has taken an uncertain position that is more likely than not to be sustained upon examination by the federal and state taxing authorities.

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examination for years prior to 2022.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan for any reason, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

THE ATHENIAN SCHOOL 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 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 9 - ERISA FIDELITY BOND

In accordance with ERISA Section 412, the Plan covers a fidelity bond intended to protect the Plan from the risk of loss due to fraud or dishonesty on the part of persons who handle funds or other property on behalf of the Plan.

NOTE 10 - EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated all subsequent events through June 19, 2026, the date on which the financial statements were available to be issued, and has determined that no adjustments are necessary to the amounts reported in the accompanying financial statements, nor have any subsequent events occurred, the nature of which would require disclosure.

SUPPLEMENTAL SCHEDULE

THE ATHENIAN SCHOOL 403(b) PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 94-6070808, PLAN # 001
DECEMBER 31, 2025

Party In Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost **	(e) Current Value
*	TIAA General contract	Insurance Company General Account		\$ 5,904,047
*	TIAA Real Estate	Pooled Separate Account		561,803
*	CREF Money Market R1	Registered Investment Company		442,385
*	CREF Global Equities R1	Registered Investment Company		4,240,965
*	CREF Growth R1	Registered Investment Company		2,425,879
*	CREF Inflation-Linked Bond R1	Registered Investment Company		887,060
*	CREF Total Global Stock R1	Registered Investment Company		7,549,566
*	CREF Core Bond R1	Registered Investment Company		885,474
*	CREF S&P 500 Index R1	Registered Investment Company		2,928,986
*	CREF Responsible Balanced R1	Registered Investment Company		1,675,359
*	TIAA Access Core Bond Plus T4	Registered Investment Company		28
*	TIAA Access Equity Index T4	Registered Investment Company		2,139
*	TIAA Access Core Equity T4	Registered Investment Company		41,880
*	TIAA Access Inflation-Linked Bond T4	Registered Investment Company		9,789
*	TIAA Access International Equity T4	Registered Investment Company		724,695
*	TIAA Access Large-Cap Growth T4	Registered Investment Company		1,295
*	TIAA Access Large-Cap Value T4	Registered Investment Company		486,008
*	TIAA Access Lifecycle 2025 T4	Registered Investment Company		10,020
*	TIAA Access Lifecycle 2030 T4	Registered Investment Company		8,478
*	TIAA Access Lifecycle 2035 T4	Registered Investment Company		114,475
*	TIAA Access Lifecycle 2040 T4	Registered Investment Company		54,714
*	TIAA Access Lifecycle 2045 T4	Registered Investment Company		76,596
*	TIAA Access Lifecycle 2050 T4	Registered Investment Company		10,996
*	TIAA Access Mid-Cap Growth T4	Registered Investment Company		82,657
*	TIAA Access Mid-Cap Value T4	Registered Investment Company		373,411
*	TIAA Access Money Market T4	Registered Investment Company		8,039
*	TIAA Access Real Estate Securities Select T4	Registered Investment Company		225,938
*	TIAA Access Small-Cap Blend Index T4	Registered Investment Company		229,375
*	TIAA Access Quant Small-Cap Equity T4	Registered Investment Company		505,727
*	TIAA Access Large-Cap Res Equity T4	Registered Investment Company		17,676

THE ATHENIAN SCHOOL 403(b) PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 94-6070808, PLAN # 001
DECEMBER 31, 2025

Party In Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost **	(e) Current Value
	Nuveen S&P 500 Index-Retirement	Registered Investment Company		2,065,832
	Nuveen Small-Cap Blend Index-Retirement	Registered Investment Company		464,818
	Cohen & Steers Realty Shares	Registered Investment Company		823,750
	PGIM Jennison Small Company A	Registered Investment Company		210,103
	T. Rowe Price Growth Stock Adv	Registered Investment Company		793,102
	AF American Balanced Fund R4	Registered Investment Company		287,824
	AF Euro Pacific Growth Fund R4	Registered Investment Company		1,358,899
	Baird Short-Term Bond Fund Inv	Registered Investment Company		783,914
	PGIM Jennison Growth A	Registered Investment Company		59,787
	American Funds 2020 Tar Ret R6	Registered Investment Company		266,543
	American Funds 2025 Tar Ret R6	Registered Investment Company		292,692
	American Funds 2030 Tar Ret R6	Registered Investment Company		1,133,480
	American Funds 2035 Tar Ret R6	Registered Investment Company		965,587
	American Funds 2040 Tar Ret R6	Registered Investment Company		931,374
	American Funds 2045 Tar Ret R6	Registered Investment Company		940,256
	American Funds 2050 Tar Ret R6	Registered Investment Company		1,384,519
	American Funds 2055 Tar Ret R6	Registered Investment Company		559,875
	American Funds 2060 Tar Ret R6	Registered Investment Company		216,992
	American Funds 2065 Tar Ret R6	Registered Investment Company		16,216
	American Funds New World R6	Registered Investment Company		254,017
	JPMorgan Small Cap Equity R6	Registered Investment Company		82,598
	PGIM Total Return Bond R6	Registered Investment Company		333,102
	Putnam Global Income Trust R6	Registered Investment Company		25,279
	Putnam Large Cap Value Fund R6	Registered Investment Company		901,163
	Vanguard Mid-Cap Idx Adm	Registered Investment Company		<u>853,342</u>
	Total investments in registered investment companies			<u>40,024,672</u>
	Notes receivable from participants	Interest rate is 8.50% and 9.50%, with maturities through April 2030		<u>19,395</u>
	Total			<u><u>\$ 46,509,917</u></u>

* Represents a party-in-interest as defined by ERISA.

** Not required for participant-directed investments.

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

Name of Plan:

► The Athenian School 403(b) Plan

Employer Identification Number: ► 94-6070808

For plan year (beginning/ending): ► 1/1/2025 to 12/31/2025

Plan number: ► 001

(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
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 223,958.95
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 3,687,567.34
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$ 6.25
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		\$ 1,826,378.87
*	College Retirement Equities Fund variable annuities	TIAA Stable Value		\$ 166,135.43
*	College Retirement Equities Fund variable annuities	CREF Total Global Stock R1		\$ 7,549,565.96
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 442,384.53
*	College Retirement Equities Fund variable annuities	CREF Responsible Balanced R1		\$ 1,675,358.90
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 4,240,964.83
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 2,425,879.05
*	College Retirement Equities Fund variable annuities	CREF S&P 500 Index R1		\$ 2,928,985.86
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 887,059.83
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 561,803.29
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core PI Bd T4		\$ 27.89
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Equity Idx T4		\$ 2,138.98
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Equity T4		\$ 41,880.42
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Intl Lnk Bd T4		\$ 9,789.23
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Intl Equity T4		\$ 724,694.61
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Gr T4		\$ 1,295.01
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Val T4		\$ 486,007.63
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2025 T4		\$ 10,020.05
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2030 T4		\$ 8,477.53
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2035 T4		\$ 114,474.89
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2040 T4		\$ 54,714.42
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2045 T4		\$ 76,595.50
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2050 T4		\$ 10,995.77
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qnt MdCpGrw T4		\$ 82,657.13
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Val T4		\$ 373,411.04
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Money Mkt T4		\$ 8,039.46
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv RIEstSecSel T4		\$ 225,938.35
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Sm Cp BI lx T4		\$ 229,375.10
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qt Sm Cp Eq T4		\$ 505,726.82
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LgCp Res Eq T4		\$ 17,675.75
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1		\$ 885,473.66
	College Retirement Equities Fund variable annuities	Nuveen S&P 500 Index Retire		\$ 2,065,832.35
	College Retirement Equities Fund variable annuities	Nuveen Small Cap Bld Idx Rtmt		\$ 464,817.94
	College Retirement Equities Fund variable annuities	Cohen & Steers Realty Shares		\$ 823,750.06
	College Retirement Equities Fund variable annuities	PGIM Jennison Small Company A		\$ 210,102.75
	College Retirement Equities Fund variable annuities	T. Rowe Price Growth Stock Adv		\$ 793,102.13
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Idx Adm		\$ 853,342.44
	College Retirement Equities Fund variable annuities	AF American Balanced Fund R4		\$ 287,823.75
	College Retirement Equities Fund variable annuities	American Funds EUPAC Class R-4		\$ 1,358,898.91
	College Retirement Equities Fund variable annuities	Putnam Large Cap Value Fund R6		\$ 901,162.70
	College Retirement Equities Fund variable annuities	Baird Short Term Bond Fund Inv		\$ 783,914.32
	College Retirement Equities Fund variable annuities	Putnam Global Income Trust R6		\$ 25,278.66
	College Retirement Equities Fund variable annuities	PGIM Total Return Bond R6		\$ 333,101.79
	College Retirement Equities Fund variable annuities	American Fds 2025 Tar Ret R6		\$ 292,692.00
	College Retirement Equities Fund variable annuities	American Fds 2030 Tar Ret R6		\$ 1,133,480.33
	College Retirement Equities Fund variable annuities	American Fds 2035 Tar Ret R6		\$ 965,587.49
	College Retirement Equities Fund variable annuities	American Fds 2040 Tar Ret R6		\$ 931,373.84
	College Retirement Equities Fund variable annuities	American Fds 2045 Tar Ret R6		\$ 940,255.96
	College Retirement Equities Fund variable annuities	American Fds 2050 Tar Ret R6		\$ 1,384,519.13
	College Retirement Equities Fund variable annuities	American Fds 2055 Tar Ret R6		\$ 559,874.55
	College Retirement Equities Fund variable annuities	American Fds 2060 Tar Ret R6		\$ 216,991.91
	College Retirement Equities Fund variable annuities	American Fds 2065 Tar Ret R6		\$ 16,216.24
	College Retirement Equities Fund variable annuities	American Funds New World R6		\$ 254,016.58
	College Retirement Equities Fund variable annuities	American Fds 2020 Tar Ret R6		\$ 266,543.38
	College Retirement Equities Fund variable annuities	JPMorgan Small Cap Equity R6		\$ 82,597.85
	College Retirement Equities Fund variable annuities	PGIM Jennison Growth A		\$ 59,786.73
*	College Retirement Equities Fund variable annuities	Participant Loan Fund		\$ 19,395.00
	Grand Total			\$ 46,509,917