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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE BISHOP'S SCHOOL 403(B) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/30/1976

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 BISHOP'S SCHOOL

7607 LA JOLLA BLVD
LA JOLLA, CA 92037

2b Employer Identification Number (EIN)
95-1642362

2c Plan Sponsor's telephone number
858-459-4021

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.	09/29/2026	PAMELA J. DUFFY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	480
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	270
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	262
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	211
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	473
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	475
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	469
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	468
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE BISHOP'S 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 BISHOP'S SCHOOL

D Employer Identification Number (EIN)
95-1642362

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	334628	344	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	14433750
5	Current value of plan's interest under this contract in separate accounts at year end	5	31322236

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	14743051
c	Additions: (1) Contributions deposited during the year	7c(1)	100497		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	610820		
	(4) Transferred from separate account	7c(4)	2134596		
	(5) Other (specify below)	7c(5)	5411		
	▶ PLAN SERVICING CREDIT & PARTICIPANT LOAN INTEREST				
	(6) Total additions			7c(6)	2851324
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	17594375
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1495850		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	1662760		
	(4) Other (specify below)	7e(4)	2015		
	▶ FEES, PARTICIPANT LOANS ISSUED & PRINCIPAL REPAYMENT				
	(5) Total deductions			7e(5)	3160625
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	14433750

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

D Employer Identification Number (EIN)
95-1642362

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INV. INST. OP. CO., INC.

04-2647786

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

TIAA

13-1624203

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	36934	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN STANLEY DOMESTIC HOLDINGS, I

20-8764829

(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	22400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WEST RHODE & ROBERTS

33-0783983

(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?
10	AUDITOR	16006	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

FIDELITY INV. INST. OP. CO., INC.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	245	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

(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.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE BISHOP'S 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 BISHOP'S SCHOOL

D Employer Identification Number (EIN)
95-1642362

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	1378746

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

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 BISHOP'S 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 BISHOP'S SCHOOL

D Employer Identification Number (EIN)
95-1642362

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)	200084	941288
(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)	221859	185001
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1292271	1378746
(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)	62603448	72510395
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14743051	14433750
(15) Other	1c(15)	1839	1452

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	79062552	89450632
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 through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	79062552	89450632

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)	1878148	
(B) Participants	2a(1)(B)	2270939	
(C) Others (including rollovers)	2a(1)(C)	2428145	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6577232
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25924	
(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)	19522	
(F) Other	2b(1)(F)	611169	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		656615
(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)	1844433	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1844433
(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)		52688
(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)		9183620
c Other income	2c		50514
d Total income. Add all **income** amounts in column (b) and enter total	2d		18365102
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7469613	
(2) To insurance carriers for the provision of benefits	2e(2)	429124	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7898737
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)	78040	
(3) Recordkeeping fees	2i(3)	245	
(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)		78285
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7977022
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10388080
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: WEST RHODE & ROBERTS **(2)** EIN: 33-0783983

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

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 BISHOP'S 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 BISHOP'S SCHOOL

D Employer Identification Number (EIN)
95-1642362

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 04-2647786

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

The Bishop's School 403(b) Plan
EIN: 95-1642362
Plan Number (PN): 001

The Bishop's School 403(b) Plan

Financial Report

December 31, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Audit Committee of the Bishop's School 403(b) Plan

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

We were engaged to perform audits of the financial statements of The Bishop's School 403(b) 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). 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 Bishop's School 403(b) 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 qualified institutions 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 2 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of The Bishop's School 403(b) Plan referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Bishop's School 403(b) Plan does not have sufficient accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Bishop's School 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of The Bishop's School 403(b) Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of The Bishop's School 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedules Required by ERISA

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

West Rhode + Roberts

WEST RHODE & ROBERTS
San Diego, California
September 8, 2026

THE BISHOP'S SCHOOL 403(b) PLAN

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments (Notes 2 - 4)		
Investments at fair value	$ 74,830,429	$ 64,095,803
Investments at contract value	14,433,750	14,743,051
Total investments	89,264,179	78,838,854
Assets held in trust	1,452	1,839
Receivables		
Notes receivable from participants	185,001	221,859
Net assets available for benefits	$ 89,450,632	$ 79,062,552

THE BISHOP'S SCHOOL 403(b) PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

Additions	
Investment income	
Net appreciation in fair value of investments	$ 9,707,107
Interest and dividend income	2,010,727
Total investment income	11,717,834
Participant loan interest	19,522
Contributions	
Employee contributions	2,270,939
Employer contributions	1,878,148
Employee contributions - rollover	2,428,145
Total contributions	6,577,232
Plan servicing credit	50,514
Total additions	18,365,102
Deductions	
Benefits paid to participants	7,898,737
Miscellaneous fees	78,285
Total deductions	7,977,022
Net increase	10,388,080
Net assets available for benefits	
Beginning of year	79,062,552
End of year	$ 89,450,632

Note 1. Description of the Plan and Significant Accounting Policies

Description of the Plan

The following description of The Bishop's 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. The Plan agreement is available to all participants upon request at the Plan's administrative office.

General – The Plan was established on May 30, 1976, to help its employees meet their long-range financial goals through the accumulation of funds during their career with The Bishop's School (the School). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – The Plan provides for three different types of contributions: voluntary employee contributions, employer nonelective contributions and employer matching contributions.

Voluntary employee contributions – All employees are eligible to contribute voluntary employee contributions to the Plan. The employee may elect to make voluntary contributions to the Plan at any time after employment commences.

Employer contributions – Full-time employees (employees regularly scheduled to work at least 30 hours per week) are eligible for employer contributions (nonelective and matching) on their first day of employment.

Part-time employees' eligibility is based on the eligibility condition of one year of service. As such, the employee must work at least 1,000 hours in their first 12 consecutive months of employment. If a part-time employee meets the 1,000-hour threshold in their first 12 consecutive months of employment or in a calendar year thereafter, the employee will be eligible for employer contributions (nonelective and matching).

For eligible employees, the School will contribute a minimum of 3% of total compensation (as defined by the Plan) and will match up to 5% of voluntary contributions made by the employee.

Employees who work on an as-needed, ad hoc, or seasonal basis may be excluded from participating in the employer contributions part of the Plan. Please refer to Summary Plan Description for specific details on excluded positions and classifications.

Contributions are made to Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF).

All contributions to the Plan are subject to certain limitations as established by the Internal Revenue Service and Department of Labor codes, laws and regulations.

Participant Accounts – Each participant's account is credited with its contributions and earnings/(losses) on its investments. Participants direct their own investments within limitations established by the Plan and made available by the funding vehicles. The benefits to which a participant is entitled are the benefits that can be provided from his/her account.

Vesting – Participants are vested immediately in both the employee and employer contributions plus actual earnings thereon.

Plan Loans – Loans issued prior to January 1, 2018 ("Plan Loans") were made directly by Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF") to participants from the TIAA general account. These loans are collateralized by the participants' account balances. Loan repayments, including interest, are made directly to TIAA and CREF, which in turn release the appropriate portion of the collateral as payments are received.

The loans bear interest at rates commensurate with prevailing market rates at the time of issuance and are generally repayable through payroll deductions with payments due no less frequently than quarterly.

Because these loans are made directly by TIAA and CREF and not by the Plan itself, they are not reflected as separate assets of the Plan in the accompanying financial statements.

As of December 31, 2025 and 2024, the outstanding balance of such loans totaled $43,646 and $55,099, respectively, with interest rates ranging from 4.38% to 5.28%. These loans have maturity dates through March 2026.

Notes Receivable from Participants – Participant loans are issued through the sale of investments held in the participants' accounts ("Participant Loans"). These loans are considered plan assets and are recorded as Notes receivable from participants on the Statements of Net Assets Available for Benefits.

Loan repayments, including interest, are made directly to FMTC and TIAA and CREF, as applicable, and are used to replenish the participants' investment accounts. Participants may borrow a minimum of $1,000 and up to the lesser of $50,000 or 50% of their account balance. The loans are secured by the participants' account balances and bear interest at rates commensurate with prevailing market rates, as determined by the Plan administrator, ranging from 5.0% to 9.5%.

As of December 31, 2025 and 2024, outstanding notes receivable from participants totaled $185,001 and $221,859, respectively. The loans have maturity dates extending through December 2029.

Payments of Benefits – Benefits are payable upon a participant's termination from employment at the School, after reaching age 65, or after they have reached the normal retirement age (age 59½). Distribution is also made upon a participant's death or permanent disability. Benefit payments must begin no later than April 1st of the calendar year following the year of retirement or the participant reaching age 73 or as then defined by applicable regulations. Benefits paid will be equal to the balance in the participant's account and may be paid as a lump sum or as an annuity. In addition, a participant who demonstrates an immediate and heavy financial need as defined by the Internal Revenue Service and/or permitted by the Plan can obtain a hardship withdrawal.

Forfeitures – The Plan does not have any forfeited balances as participants are immediately vested in their employee and employer contributions plus actual earnings thereon.

Assets Held in Trust and Plan Servicing Credit – The Plan negotiated a plan servicing credit from TIAA and CREF. This credit represents a return of fees by TIAA and CREF that were above what was needed to cover TIAA and CREF's administrative and record-keeping expenses. The credit could either be kept by the Plan for administrative costs or returned to participants. The Plan has elected to pay various administrative costs with the credit.

The plan servicing credit earned during the year ended December 31, 2025, totaled $50,514 and is included on the Statement of Changes in Net Assets Available for Benefits as "Plan servicing credit." During the year ended December 31, 2025, the Plan earned investment income of $349, and incurred fees of $51,250 and a credit of $50,514. The plan servicing credit balance remaining at December 31, 2025, is $1,452 which appears on the Statement of Net Assets Available for Benefits as "Assets held in trust".

Significant Accounting Policies

Basis of Accounting – The accounting records of the Plan are maintained using the accrual basis of accounting.

Use of Estimates – The preparation of financial statements, in conformity with generally accepted accounting principles, requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. 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 fixed annuity insurance contracts are presented at contract value which represents a reasonable estimate of fair value as determined by a person or persons believed by the plan administrator to be competent to make such valuation. See Note 3 for discussion of fair value measurements.

The net appreciation in fair value of investments presented in the statement of changes in net assets includes the Plan's gains and losses on investments bought and sold during the year as well as the change in value of investments held during the year.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2025, and 2024, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. At December 31, 2025 and 2024, notes receivable outstanding from participants totaled $185,001 and $221,859, respectively.

Payment of Benefits – Benefits are recorded when paid.

Operating Expenses – The School pays all costs and expenses incurred in connection with the operations of the Plan, except for those fees deducted by the plan custodian and those expenses paid for with the Plan servicing credit. Several of the investment fund options are subject to investment fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance and thus are not separately disclosed in the accompanying financial statements.

Subsequent Events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at that date, including the estimates inherent in the process of preparing financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after that date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through September 8, 2026, which is the date the financial statements are available for issuance, and concluded that there are no events that need to be disclosed.

Note 2. Certified Investment Information

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held as of December 31, 2025 and 2024, notes receivable from participants, and the net appreciation in fair value of investments for the year ended December 31, 2025, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company ("FMTC"), Teachers Insurance and Annuity Association of America ("TIAA"), and College Retirement Equities Fund ("CREF"), with TIAA and CREF acting as agents for TIAA, FSB.

FMTC certified, in accordance with 29 CFR 2520.103-5(d), that the information included in certain reports including the Summary of Net Assets and Summary of Plan Operations was complete and accurate for the Plan years ended December 31, 2025 and 2024. FMTC's certification applies to the period during the Plan year that Plan assets were record kept by Fidelity Investments and for which FMTC served as custodian. FMTC is a Massachusetts-chartered trust company regulated, supervised, and subject to periodic examination by a state agency.

TIAA and CREF have certified, in accordance with 29 CFR 2520.103-5(d), that the reports furnished to the Plan (including the Schedule of Assets Held for Investment and the Statement of Changes in Net Assets) are complete and accurate for the Plan years ended December 31, 2025 and 2024. TIAA and CREF are insurance carriers regulated, supervised, and subject to periodic examination. The certification covers plan investments, notes receivable from participants, and related investment activity for investments issued by TIAA and/or CREF, and extends to those investments, if any, held by TIAA Trust, N.A., as directed trustee or custodian and records kept by TIAA. The certification is provided by TIAA on behalf of TIAA Trust, N.A. pursuant to agreements granting TIAA the authority to certify plan records as required.

Investment and notes receivable from participants information is summarized as follows:

	2025	2024
Total investments	$ 89,264,179	$ 78,838,854
Notes receivable from participants	$ 185,001	$ 221,859

Changes in net assets certified by the custodians and not audited for the year ended December 31, 2025, include the following:

Net appreciation in fair value of investments	$ 9,707,107
Interest and dividend income	$ 2,010,727
Participant loan interest	$ 19,522

Note 3. 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: Unobservable inputs for the asset or liability that are significant to the fair value measurement.

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

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest and are therefore not measured at fair value in accordance with FASB ASC 820. Accordingly, they are excluded from the fair value hierarchy table.

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 at December 31, 2025 and 2024.

Pooled separate accounts: Valued at the net asset value of shares held by the Plan on a daily basis.

Registered investment company shares (Mutual funds): Valued at the daily price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment company shares	$ 72,510,395	$ -	$ -	$ 72,510,395
Pooled separate accounts	2,320,034	-	-	2,320,034
Investments at fair value	$ 74,830,429	$ -	$ -	$ 74,830,429

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment company shares	$ 62,603,448	$ -	$ -	$ 62,603,448
Pooled separate accounts	1,492,355	-	-	1,492,355
Investments at fair value	$ 64,095,803	$ -	$ -	$ 64,095,803

Note 4. Insurance Company General Contracts (Investments at Contract Value)

TIAA Traditional Annuity – The TIAA Traditional Annuity is a fixed annuity contract that is fully and unconditionally guaranteed by TIAA, a New York domiciled non-profit legal reserve life insurance company. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest, (generally 3%) and the potential of additional interest if declared by TIAA. Additional interest is not guaranteed. When the accumulation in TIAA Traditional is converted to an annuity based on life expectancy, the present value of the stream of payments is equal to the accumulation.

The TIAA Traditional Annuity is reported at contract value, which approximates fair value. The value of the investment contract at December 31, 2025 and 2024, was $14,433,750 and $14,743,051, respectively. When a participant dies, or selects an income or lump-sum benefit, the transaction occurs at the accumulated balance. This would suggest that the value of an accumulation in a TIAA Traditional Annuity contract is equal to no more than the participant's fund balance.

Note 5. Party-In-Interest Transactions

Fees – Certain plan investments are units of variable annuity accounts and units of pooled separate accounts managed by TIAA and CREF and FMTC. Because TIAA and CREF and FMTC serve as investment managers, recordkeepers, and custodians for the Plan, transactions involving these entities qualify as party-in-interest transactions under ERISA.

For the year ended December 31, 2025, indirect investment management and recordkeeping fees paid to TIAA and CREF totaled $234,111, which are reflected as reductions of investment income (netted within Net appreciation in fair value of investments). Direct fees paid by the Plan include $36,934 for TIAA and CREF and $245 for FMTC, and are reported within Miscellaneous fees in the Statement of Changes in Net Assets Available for Benefits.

Plan Servicing Credit – Certain administrative expenses were paid using plan servicing credits provided by TIAA and CREF. During the year ended December 31, 2025, a total of $38,406 was paid from plan servicing credits to Morgan Stanley Domestic Holdings and West Rhode & Roberts. These transactions also qualify as party-in-interest transactions and are included in Miscellaneous fees in the Statement of Changes in Net Assets Available for Benefits.

Plan Loans and Notes Receivable from Participants – As of December 31, 2025 and 2024, participants had outstanding loans payable to TIAA and CREF of $43,646 and $55,099, respectively. These loans are made directly by TIAA and CREF and are not considered plan assets.

As of December 31, 2025 and 2024, participants had outstanding notes receivable from participants to the TIAA and CREF plan of $157,211 and $184,584, respectively ("Participant Loans"). As of December 31, 2025 and 2024, participants had outstanding notes receivable from participants to the FMTC plan of $27,790 and $37,275, respectively.

Note 6. Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (the Code). The plan administrator and the plan's tax counsel believe the terms of the Plan have been prepared to conform with the written plan requirements of Treasury Regulation 1.403(b)-3. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

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 more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Plan Termination

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

Note 8. Risks and Uncertainties

Investment risks - 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 statement of net assets available for benefits.

Note 9. Reconciliation of Financial Statements to Form 5500

There were no differences in amounts reported in the Plan's financial statements and the Form 5500 as of and for the year ended December 31, 2025.

THE BISHOP'S SCHOOL 403(b) PLAN

EIN:95-1642362 PLAN #001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR
December 31, 2025
(See Independent Auditor's Report)

(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
	Participant directed investments, at fair value:			
	Pooled separate accounts:			
*	TIAA	Real estate	**	$ 1,378,746
*	Fidelity	Interest-bearing cash annuity	**	941,288
				2,320,034
	Registered investment company shares:			
	Variable Annuities:			
	TIAA:			
*	CREF	Total Global Stock	**	10,107,042
*	CREF	Global Equities	**	3,711,258
*	CREF	Growth	**	3,048,879
*	CREF	S&P 500 Index	**	2,688,859
*	CREF	Core Bond	**	1,556,668
*	CREF	Money Market	**	1,463,258
*	CREF	Responsible Balanced	**	978,885
*	CREF	Inflation-Linked Bond	**	561,470
	Mutual Funds:			
	Fidelity:			
*	Fidelity	Puritan	**	1,024,731
*	Fidelity	Freedom 2035	**	716,067
*	Fidelity	Contrafund	**	596,040
*	Fidelity	Sel Gold	**	567,310
*	Fidelity	Growth Company	**	428,854
*	Fidelity	Dividend Growth	**	288,003
*	Fidelity	Low Priced Stock	**	275,309
*	Fidelity	Total Mkt Inx	**	267,188
*	Fidelity	Intermed Bond	**	209,307
*	Fidelity	500 Index	**	156,170
*	Fidelity	Blue Chip Value	**	143,648
*	Fidelity	Magellan	**	125,010
*	Fidelity	Small Cap Index	**	108,274
*	Fidelity	Pacific Basin	**	89,240
*	Fidelity	Europe	**	87,492
*	Fidelity	Emerging Mkts	**	84,788
*	Fidelity	Diversified Intl	**	81,182
*	Fidelity	Fidelity Fund	**	76,665
*	Fidelity	Capital & Income	**	73,166
*	Fidelity	Infl Pr Bd Idx	**	70,696
*	Fidelity	Short Term Bond	**	70,081
*	Fidelity	Blue Chip Growth	**	49,776
*	Fidelity	Strategic Income	**	43,684
*	Fidelity	Real Estate Invs	**	33,451
*	Fidelity	Sel Biotech	**	28,340

THE BISHOP'S SCHOOL 403(b) PLAN

EIN:95-1642362 PLAN #001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
AT END OF YEAR
December 31, 2025
(See Independent Auditor's Report)

(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
*	Fidelity	Nasdaq Comp Indx	**	24,469
*	Fidelity	Focused Stock	**	24,145
*	Fidelity	Growth & Income	**	22,652
*	Fidelity	Value	**	22,301
*	Fidelity	Sel Med Tech & Dv	**	20,194
*	Fidelity	Balanced	**	20,131
*	Fidelity	Asset Mgr 20%	**	7,638
*	Fidelity	Small Cap Stock	**	5,850
	TIAA and others:			
*	TIAA	Nuveen Lifecycle Funds Total	**	14,726,502
	Vanguard	Vanguard 500 Idx	**	3,868,067
	MFS	MFS Intl Diversification	**	3,137,397
*	TIAA	Access Nuv Lifecycle Funds Total	**	2,630,645
	Putnam	Putnam Large Cap Value Fund	**	2,283,541
	JP Morgan	JPMorgan Large Cap Growth	**	2,050,347
	American Funds	American Funds New World	**	1,426,746
	Dodge & Cox	Dodge & Cox Income Fund	**	1,200,084
	Vanguard	Vanguard Small-Cap Index Adm	**	1,136,738
	Vanguard	Vanguard Mid-Cap Index Adm	**	1,133,151
	American Century	American Cent MdCpVa Fd Cla	**	945,507
*	TIAA	Access Nuv Intl Equity	**	849,322
	PIMCO	PIMCO Income Fd Institutional	**	822,679
	Vanguard	Vanguard FTSE World Idx	**	695,355
	JP Morgan	JPMorgan Mid Cap Gro Fd	**	682,973
	DFA	DFA US Targeted Val Port Inst	**	656,006
	PIMCO	PIMCO Intl Bd USDolHed Inst	**	621,181
*	TIAA	Access Nuv Large- Cap Value	**	556,994
	Putnam	Putnam Small Cap Growth	**	526,926
	Vanguard	Vanguard Intr-Trm Bond Index Adm	**	438,673
*	TIAA	Access Nuv Qt Sm Cp Eq	**	362,973
*	TIAA	Access Nuv Sm Cp Bl Ix	**	344,142
*	TIAA	Access Nuv Mid Cap Val	**	343,422
*	TIAA	Access Nuv RlEstSecSel	**	338,664
	American Funds	American Fd New Perspective	**	159,365
*	TIAA	Access Nuv Qnt MdCpGrw	**	136,592
	Vanguard	Vanguard Real Estate Idx	**	118,219
	Vanguard	Vanguard Emr Mkts Stk Idx Adm	**	71,778
*	TIAA	Access Nuv Equity Idx	**	65,498
*	TIAA	Access Nuv Core Bond	**	61,230
*	TIAA	Access Nuv Core Equity	**	52,028
*	TIAA	Access Nuv Lrg Cap Gr	**	49,446
	Vanguard	Vanguard Infl Protect Sec Adm	**	23,818
*	TIAA	Access Nuv Core Pl Bd	**	20,131

THE BISHOP'S SCHOOL 403(b) PLAN

EIN:95-1642362 PLAN #001
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)
AT END OF YEAR
December 31, 2025
(See Independent Auditor's Report)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	TIAA	Access Nuv Infl Lnk Bd	**	10,548
*	TIAA	Access Nuv LgCp Res Eq	**	5,536
	Total registered investment company shares			72,510,395
	Total investments at fair value:			74,830,429
	Participant directed investments, at contract value:			
	Deposits with insurance company:			
	Fixed annuity insurance contracts:			
*	TIAA	Traditional annuity	**	14,433,750
	Total investments			89,264,179
*	Notes receivable from participants	Interest rates range from 5.0% to 9.5% maturing thru December 2029	**	185,001
				$ 89,449,180

* Indicates party-in-interest

** In accordance with ERISA Section 404(c), cost information is not required when reporting investment of an individual

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

Name of Plan:

► The Bishop's School 403(b) Plan

Employer Identification Number:► 95-1642362

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		$ 2,160,244.99
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		$ 11,212,787.76
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		$ 1,452.21
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		$ 446,411.06
*	College Retirement Equities Fund variable annuities	TIAA Stable Value		$ 573,544.93
	College Retirement Equities Fund variable annuities	Plan Loan Default Fund		$ 40,761.25
*	College Retirement Equities Fund variable annuities	CREF Total Global Stock R2		$ 10,107,041.92
*	College Retirement Equities Fund variable annuities	CREF Money Market R2		$ 1,463,258.46
*	College Retirement Equities Fund variable annuities	CREF Responsible Balanced R2		$ 978,885.04
*	College Retirement Equities Fund variable annuities	CREF Global Equities R2		$ 3,711,258.27
*	College Retirement Equities Fund variable annuities	CREF Growth R2		$ 3,048,878.85
*	College Retirement Equities Fund variable annuities	CREF S&P 500 Index R2		$ 2,688,859.42
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R2		$ 561,470.48
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		$ 1,378,746.25
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Pl Bd T4		$ 20,131.27
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Bond T4		$ 61,230.43
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Equity Idx T4		$ 65,498.24
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Core Equity T4		$ 52,028.16
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Infl Lnk Bd T4		$ 10,547.52
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Intl Equity T4		$ 849,321.80
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LfCy Rt Inc T4		$ 25,580.82
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Gr T4		$ 49,446.26
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Lrg Cap Val T4		$ 556,994.14
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2010 T4		$ 97.66
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2015 T4		$ 47,534.90
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2020 T4		$ 115,542.57
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2025 T4		$ 484,621.50
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2030 T4		$ 8,194.03
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2035 T4		$ 174,164.60
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2040 T4		$ 601,131.60
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2045 T4		$ 417,489.63
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2050 T4		$ 438,096.87
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qnt MdCpGrw T4		$ 136,592.20
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Mid Cap Val T4		$ 343,421.61
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv RlEstSecSel T4		$ 338,663.96
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Sm Cp Bl Ix T4		$ 344,141.76
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv Qt Sm Cp Eq T4		$ 362,973.10
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LgCp Res Eq T4		$ 5,535.50
*	College Retirement Equities Fund variable annuities	CREF Core Bond R2		$ 1,556,667.66
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2010 R6		$ 12,669.10
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2015 R6		$ 43,188.50
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2020 R6		$ 161,669.16
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2025 R6		$ 1,079,458.90
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2030 R6		$ 1,196,406.69
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2035 R6		$ 1,687,308.60
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2040 R6		$ 4,185,462.00
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2045 R6		$ 2,953,376.07
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2050 R6		$ 1,750,316.31
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2055 R6		$ 1,177,709.76
	College Retirement Equities Fund variable annuities	American Fd New Perspective R6		$ 159,365.03
	College Retirement Equities Fund variable annuities	DFA US Targeted Val Port Inst		$ 656,005.75
	College Retirement Equities Fund variable annuities	Vanguard Infl Protect Sec Adm		$ 23,817.70
	College Retirement Equities Fund variable annuities	Vanguard Small-Cap Idx Adm		$ 1,136,737.66
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Idx Adm		$ 1,133,150.65
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2055 T4		$ 308,425.29
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2060 T4		$ 9,765.20

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

Name of Plan:

► The Bishop's School 403(b) Plan

Employer Identification Number:► 95-1642362

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	American Cent MdCpVa Fd Cla R6		$ 945,506.54
	College Retirement Equities Fund variable annuities	Dodge & Cox Income Fund - Cl X		$ 1,200,084.10
	College Retirement Equities Fund variable annuities	JPMorgan Large Cap Growth R6		$ 2,050,347.47
	College Retirement Equities Fund variable annuities	JPMorgan Mid Cap Gro Fd Cl R6		$ 682,973.11
	College Retirement Equities Fund variable annuities	MFS Intl Diversification Cl R6		$ 3,137,396.77
	College Retirement Equities Fund variable annuities	Putnam Large Cap Value Fund R6		$ 2,283,540.95
	College Retirement Equities Fund variable annuities	PIMCO Intl Bd USDolHed Inst		$ 621,181.02
	College Retirement Equities Fund variable annuities	PIMCO Income Fd Institutional		$ 822,678.50
	College Retirement Equities Fund variable annuities	Putnam Small Cap Growth R6		$ 526,926.36
	College Retirement Equities Fund variable annuities	American Funds New World R6		$ 1,426,745.58
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2065 R6		$ 33,839.19
	College Retirement Equities Fund variable annuities	Nuveen LfCycle Ix 2060 R6		$ 445,097.54
	College Retirement Equities Fund variable annuities	Vanguard Intr-Trm Bnd Idx Adm		$ 438,672.61
	College Retirement Equities Fund variable annuities	Vanguard Emr Mkts Stk Idx Adm		$ 71,778.24
	College Retirement Equities Fund variable annuities	Vanguard 500 Idx Adm		$ 3,868,067.47
	College Retirement Equities Fund variable annuities	Vanguard FTSE World Idx Adm		$ 695,354.53
	College Retirement Equities Fund variable annuities	Vanguard Real Estate Idx Adm		$ 118,219.43
	College Retirement Equities Fund variable annuities	Participant Loan Fund		$ 157,211.19
	TIAA Total			$ 82,639,702

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

Name of Plan:

► The Bishop's School 403(b) Plan

Employer Identification Number:► 95-1642362

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
*	Fidelity	FID FIDELITY FUND		$76,665.28
*	Fidelity	FID PURITAN		$1,024,731.48
*	Fidelity	FID MAGELLAN		$125,009.54
*	Fidelity	FID CONTRAFUND		$596,040.48
*	Fidelity	FID GROWTH COMPANY		$428,854.06
*	Fidelity	FID GROWTH & INC		$22,651.63
*	Fidelity	FID INTERMED BOND		$209,307.27
*	Fidelity	FID CAPITAL & INCOME		$73,165.66
*	Fidelity	FID VALUE		$22,300.70
*	Fidelity	FID SEL GOLD		$567,309.81
*	Fidelity	FID SEL BIOTECH		$28,340.33
*	Fidelity	FID GOV CASH RESERVE		$788,268.04
*	Fidelity	FID EUROPE		$87,491.51
*	Fidelity	FID PACIFIC BASIN		$89,240.22
*	Fidelity	FID REAL ESTATE INVS		$33,450.69
*	Fidelity	FID BALANCED		$20,130.79
*	Fidelity	FID BLUE CHIP GR		$49,776.26
*	Fidelity	FID LOW PRICED STK		$275,309.16
*	Fidelity	FID EMERGING MKTS		$84,787.53
*	Fidelity	FID DIVERSIFD INTL		$81,182.34
*	Fidelity	FID ASSET MGR 20%		$7,638.16
*	Fidelity	FID DIVIDEND GR		$288,002.71
*	Fidelity	FID FOCUSED STOCK		$24,144.86
*	Fidelity	FID SMALL CAP STOCK		$5,849.72
*	Fidelity	FID SEL MED TECH&DV		$20,193.87
*	Fidelity	FID SHORT TERM BOND		$70,080.98
*	Fidelity	FID GOVT MMKT		$153,020.25
*	Fidelity	FID BLUE CHIP VALUE		$143,648.42
*	Fidelity	FID NASDAQ COMP INDX		$24,469.40
*	Fidelity	FID 500 INDEX		$156,169.92
*	Fidelity	FID SM CAP IDX		$108,273.96
*	Fidelity	FID TOTAL MKT IDX		$267,187.93
*	Fidelity	FID INFL PR BD IDX		$70,696.10
*	Fidelity	FID FREEDOM 2035 K		$716,066.81
*	Fidelity	FID FREEDOM 2045 K		$0.00
*	Fidelity	FID STRATEGIC INCOME		$43,683.87
	Fidelity	OUTSANDING LOAN BALANCE		$27,790.25
	Fidelity Total			$6,810,930
	Grand Total			$ 89,450,632