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
ANDERSON CENTER FOR AUTISM RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2004

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)
ANDERSON CENTER FOR AUTISM

4885 ROUTE 9
PO BOX 367
STAATSBURG, NY 12580

2b Employer Identification Number (EIN) 14-1598279

2c Plan Sponsor's telephone number 845-889-8216

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.	10/08/2026	ATHENA ANGELUCCI
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1253
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)**	779
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	802
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	475
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1277
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	1280
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)**	1040
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)**	1064
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	38
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:

2E 2F 2G 2J 2K 2L 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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 2
- **(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
ANDERSON CENTER FOR AUTISM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON CENTER FOR AUTISM

D Employer Identification Number (EIN)
14-1598279

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	346979	279	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
0	0

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	3268328
5	Current value of plan's interest under this contract in separate accounts at year end	5	6929050

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	3451601
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	126418		
	(4) Transferred from separate account	7c(4)	4265		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	130683
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3582284
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	199398		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	104535		
	(4) Other (specify below) ▶ N/A	7e(4)	10023		
	(5) Total deductions			7e(5)	313956
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3268328

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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 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
ANDERSON CENTER FOR AUTISM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON CENTER FOR AUTISM

D Employer Identification Number (EIN)
14-1598279

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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-D2-LS4N		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
0	0

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	274733
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	274595
c	Additions: (1) Contributions deposited during the year	7c(1)	29391		
	(2) Dividends and credits	7c(2)	4		
	(3) Interest credited during the year	7c(3)	4934		
	(4) Transferred from separate account	7c(4)	277227		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	311556
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	586151
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	33303		
	(2) Administration charge made by carrier	7e(2)	888		
	(3) Transferred to separate account	7e(3)	277227		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	311418
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	274733

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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. ▶

FAILED TO PROIVDE PERSON COVERED AT YEAR END

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
ANDERSON CENTER FOR AUTISM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON CENTER FOR AUTISM

D Employer Identification Number (EIN)
14-1598279

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

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

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

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

RIMKUS MARCIANO & ASSOC

3136 WINTON RD SOUTH
SUITE 300
ROCHESTER, NY 14623

22-2725182

(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?
12 15 17	TPA	17600	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(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	RECORDKEEPER	11292	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

NATIONWIDE

31-4177100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	27857	Yes [X] No [ ]	Yes [X] No [ ]	126361	Yes [ ] No [X]

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)

WILMINGTON TRUST NATIONAL ASSOC

1100 N MARKET ST
WILMINGTON, DE 19890

16-1486454

(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	INVESTMENT ADVISOR	70557	Yes [ ] No [X]	Yes [ ] No [X]	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: RBT CPA'S LLP
b EIN: 14-1604297
c Position: AUDITOR
d Address: 11 RACQUET ROAD
PO BOX 10009
NEWBURGH, NY 12552-9228
e Telephone: 845-567-9000

Explanation: NEW AUDITOR FOR 2025 PLAN YEAR

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
ANDERSON CENTER FOR AUTISM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ANDERSON CENTER FOR AUTISM

D Employer Identification Number (EIN)
14-1598279

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	316928

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

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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
ANDERSON CENTER FOR AUTISM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON CENTER FOR AUTISM

D Employer Identification Number (EIN)
14-1598279

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4392787	6127247
(2) Participant contributions	1b(2)	80	80
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	358439	433470
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	326008	316928
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	50378344	59785909
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3451601	3543061
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	58907259	70206695
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	156	350
1k Total liabilities (add all amounts in lines 1g through1j)	1k	156	350
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	58907103	70206345

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)	6127247	
(B) Participants	2a(1)(B)	1419510	
(C) Others (including rollovers)	2a(1)(C)	17627	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7564384
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	28411	
(F) Other	2b(1)(F)	126419	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		154830
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10596	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10596
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		12274
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		8780826
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		7263
d Total income. Add all **income** amounts in column (b) and enter total	2d		16530173
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5020638	
(2) To insurance carriers for the provision of benefits	2e(2)	56499	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5077137
f Corrective distributions (see instructions)	2f		26464
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	24	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	127306	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		127330
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5230931
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11299242
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRAGER METIS CPAS LLC **(2)** EIN: 06-1667465

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		59535
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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
ANDERSON CENTER FOR AUTISM RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSON CENTER FOR AUTISM

D Employer Identification Number (EIN)
14-1598279

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): 04-3157927 13-1624203

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500493A .

PragerMetis

Anderson Center for Autism Retirement Plan

Financial Statements and Supplemental Schedule

December 31, 2025 and 2024

Anderson Center for Autism Retirement Plan
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December 31, 2025 and 2024

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PragerMetis

Independent Auditor's Report

To the Plan Administrator and Participants
Anderson Center for Autism Retirement Plan

Prager Metis CPAs, LLC

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SUITE 201
POUGHKEEPSIE, NY 12603

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Anderson Center for Autism Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.



Opinion

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

- the amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2025 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Anderson Center for Autism Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Anderson Center for Autism Retirement Plan’s ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Anderson Center for Autism Retirement Plan's internal control. Accordingly, no such opinion is expressed.

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

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



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

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

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

Other Matters

Supplemental Schedules Required by ERISA

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

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

In our opinion

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

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

Auditor's Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of Anderson Center for Autism Retirement Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by qualified institutions. Their report dated July 3, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agrees to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2024 supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Prager Metis CPAs, LLC

Prager Metis CPAs, LLC
Poughkeepsie, New York
October 7, 2026

Anderson Center for Autism Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value	**$ 62,503,829**	$ 52,902,330
Investments at contract value	**1,142,069**	1,253,623
Total investments	**63,645,898**	54,155,953
Receivables		
Employer contributions	**6,127,247**	4,392,787
Participant contributions	**80**	15,352
Notes receivable from participants	**433,470**	358,439
Total receivables	**6,560,797**	4,766,578
Total assets	**70,206,695**	58,922,531
Liabilities		
Accrued expenses	**350**	156
Excess participant contributions payable	**32,014**	26,464
Total liabilities	**32,364**	26,620
Net assets available for benefits	**$ 70,174,331**	$ 58,895,911

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

Anderson Center for Autism Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	**$ 8,793,100**	$ 5,742,511
Interest and dividends	**137,015**	7,257
Other	**7,263**	-
Total investment income	**8,937,378**	5,749,768
Interest income on notes receivable from participants	**28,411**	22,961
Contributions		
Participants	**1,372,224**	1,318,831
Rollover	**17,627**	428,373
Employer	**6,127,247**	4,392,787
Total contributions	**7,517,098**	6,139,991
Total additions	**16,482,887**	11,912,720
Deductions		
Benefits paid to participants	**5,077,137**	3,769,561
Administrative expenses	**127,330**	103,254
Total deductions	**5,204,467**	3,872,815
Net increase	**11,278,420**	8,039,905
Net assets available for benefits		
Beginning of year	**58,895,911**	50,856,006
End of year	**$ 70,174,331**	**$ 58,895,911**

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

Note 1 Plan Description

The following description of the Anderson Center for Autism Retirement Plan (the "Plan") is provided for general information. The Plan's effective date was January 1, 2004. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Anderson Center for Autism, Inc. (the "Organization") except collective bargaining employees described in Section 1410(b)(9) of the Internal Revenue Code ("IRC") and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each participating employee may contribute an amount of their compensation, as defined by the
Plan, subject to annual limitations imposed by the IRC. An individual is eligible to participate in the Plan for purposes of making elective deferral contributions immediately. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Beginning in 2025, participants ages 60 through 63 are eligible to make increased catch-up contributions. A participant may contribute amounts distributed or transferred from another qualified plan, as defined in the Plan document (rollover).

The Organization may make discretionary employer matching contributions and discretionary nonelective contributions. The Plan has semi-annual entry dates of January 1 and July 1 for such contributions. An eligible employee is required to have 1 year of service to be eligible for employer matching and discretionary contributions. For employer matching contributions, any eligible employee who is 21 years of age must have 1 year of service (at least 1,000 hours in a twelve-month consecutive period). For employer discretionary nonelective contributions, any eligible employee who is 21 years of age must have 1 year of service (at least 1,000 hours in a twelve-month consecutive period) and must be employed on the last day of the Plan year unless a participant incurs a severance from employment on account of or following death, disability, or attainment of normal retirement age.

Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Organization's contributions and Plan earnings and certain administrative expenses. Allocations are based on each participant's earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

Note 1 Plan Description (continued)

Vesting
Participant contributions are 100% vested at all times. New participants will not be fully vested for matching and nonelective contributions until reaching six or more years of service.

Years of Vesting Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Notes Receivable from Participants
Participants may borrow from their fund account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or fifty percent of their vested account balance. Loan terms range from one to five years, with the exception of loans for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus one percent per annum. Principal and interest are paid ratably through payroll deductions.

Plan Assets Pledged as Collateral
In years prior to 2021, participants were permitted to obtain loans directly from TIAA, subject to certain limitations. These loans are considered Plan loans and were issued directly from funds owned by TIAA and not directly from a participant's account. Adequate security is required, and a portion of the participant's account serves as collateral, to cover 110% of the outstanding loan in case of default. The collateral is held in the TIAA Traditional Annuity Account. In general, the amount of the loan may not exceed the lesser of $50,000 or 50% of the participant's account balance. The minimum loan amount is $1,000. The loans bear a rate of interest as determined in the controlling contract and may be fixed or variable. At December 31, 2025 and 2024, participants had outstanding plan loan balances due to TIAA of approximately $68,500 and $66,000, respectively. Participant account balances of approximately $76,000 and $73,000 included in net assets available for benefits at December 31, 2025 and 2024, respectively, serve as collateral underlying such loans.

Distributions
Upon retirement, death, disability or termination of service due to other reasons, a participant receives an amount equal to the value of his or her account. In-service withdrawals and hardship withdrawals are also permitted by the Plan. The Plan also allows for mandatory distributions for terminated participants whose balance did not exceed certain limits as prescribed by the Plan document and IRC. The form of payment is subject to the terms and conditions of the relevant funding vehicles.

Note 1 Plan Description (continued)

Forfeitures Accounts
At December 31, 2025 and 2024, forfeited non-vested accounts totaled $282,887 and $195,968. Forfeitures can be either reallocated to participant accounts as additional employer contributions or can be used to pay administrative expenses. Forfeitures were not utilized during the years ended December 31, 2025 and 2024.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates
The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are reported at fair value, except for the fully benefit-responsive investment contracts, which are measured at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan (see Note 5).

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurement.

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

Payment of Benefits
Benefits are recorded when paid.

Note 2 Summary of Significant Accounting Policies (continued)

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 recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as benefit payments, reducing the participant notes receivable balance, based upon the provisions of the Plan Document.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Certain fees related to the administration of participant accounts are charged directly to the respective account. Certain investment related expenses are included in net appreciation of fair value of investments.

Excess Contributions Payable

At December 31, 2025 and 2024, a liability of $32,014 and $26,464, respectively, was recorded with a corresponding reduction to contributions for the amounts refundable to the Plan to participants for contributions made in excess of amounts allowed by the IRC.

Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

Note 3 Information Certified by the Custodians

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by the custodians of the Plan, Nationwide Financial Services, Inc., Fidelity Management Trust Company and TIAA and CREF.

Note 4 Fair Value Measurement

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Note 4 Fair Value Measurement (continued)

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

TIAA Traditional Annuity, Non-Benefit Responsive: Investments in TIAA Traditional Annuity (non-benefit responsive) contracts are contract-based, therefore observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs (Level 3). The fair value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Liquidity restrictions apply to Retirement Annuity ("RA") contracts that could impact the value realized upon exiting the contract. All withdrawals and transfers from RA contracts must be distributed over ten annual installments.

Note 4 Fair Value Measurement (continued)

TIAA Real Estate: The fair value of the Plan's interest in the TIAA Real Estate Account (a pooled separate account) is based on the fund's daily net asset value ("NAV"), which is used as a practical expedient to approximate fair value. The unit value of the fund is calculated daily. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA general account provides the fund with a liquidity guarantee whereby TIAA ensures that the fund has funds available to meet participant redemption, transfer or cash withdrawal requests. There are no unfunded commitments from participants in the Plan who invest in this account.

CREF Funds: The fair values of accumulation units held by the Plan in CREF accounts (variable annuity accounts) are valued at quoted market prices at the close of the last business day of the year. Data for NAV is available daily to Plan administrators and client investors on NASDAQ's website. These variable annuity accounts invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing. There are no unfunded commitments from participants in the Plan who invest in these accounts.

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

All assets have been valued using a market approach, except for Level 3 assets. See Quantitative Information table below for description of valuation techniques used to calculate fair value of Level 3 assets.

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

Note 4 Fair Value Measurement (continued)

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
TIAA Traditional Annuity, Non-Benefit Responsive	**$ -**	**$ -**	**$ 2,400,992**	**$ 2,400,992**
CREF Funds, variable annuity accounts (**)	**6,312,659**	**-**	**-**	**6,312,659**
Mutual Funds	**53,473,250**	**-**	**-**	**53,473,250**
Total assets in the fair value hiearchy	**$ 59,785,909**	**$ -**	**$ 2,400,992**	**62,186,901**
Investments measured at net asset value (*)				
TIAA Real Estate				**316,928**
Total assets at fair value				**$ 62,503,829**

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
TIAA Traditional Annuity, Non-Benefit Responsive	$ -	$ -	$ 2,472,573	$ 2,472,573
CREF Funds, variable annuity accounts (**)	5,608,478	-	-	5,608,478
Mutual Funds	44,495,271	-	-	44,495,271
Total assets in the fair value hiearchy	$ 50,103,749	$ -	$ 2,472,573	52,576,322
Investments measured at net asset value (*)				
TIAA Real Estate				326,008
Total assets at fair value				$ 52,902,330

(*) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the fair value of the Plan's investments in the statements of net assets available for benefits.

(**) The 2024 financial statements previously reported the CREF Funds (variable annuity accounts) as investments carried at NAV. As these investments are listed on NASDAQ, they have been reclassified to Level 1, consistent with the 2025 presentation, as they are determined to have a readily determinable fair value. In addition, the disclosures related to redemption restrictions and investment strategies for these funds have been removed as they are not required for investments that have a readily determinable fair value.

Note 4 Fair Value Measurement (continued)

The tables below set forth a summary of certain changes in fair value of the Plan's Level 3 assets for the years ended December 31:

Level 3 Assets for the year ended December 31, 2025:

	TIAA Traditional Annuity, Non-Benefit Responsive
Purchases	**$ 3,398**
Issuances	**$ (157,564)**
Transfers in	**$ -**
Transfers out	**$ -**

Level 3 Assets for the year ended December 31, 2024:

	TIAA Traditional Annuity, Non-Benefit Responsive
Purchases	$ 45,474
Issuances	$ (59,142)
Transfers in	$ -
Transfers out	$ -

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2025 and 2024:

Investment	**Fair Value**	**Valuation Technique**	**Unobservable Inputs**	**Range**
TIAA Traditional Annuity, Non-Benefit Responsive	**December 31, 2025** **$ 2,400,992**	Discounted Cash Flow and Theoretical Transfer (exit value)	Risk-adjusted discount rate applied*	**At December 31, 2025** **RA - 3.55% - 6.50%** **GRA - 3.55% - 6.50%**
	December 31, 2024 $ 2,472,573			At December 31, 2024 RA - 3.65%-6.50% GRA - 3.65% - 6.50%

*Unobservable inputs include discount rate applied.

Note 4 Fair Value Measurement (continued)

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments.

	2025 Fair Value	2024 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice period
TIAA Real Estate (a)	**$ 316,928**	$ 326,008	N/A	Quarterly	Daily

(a) This fund invests in real estate properties, other real estate-related investments, and securities. Underlying real estate holdings are valued principally using external appraisals. Underlying securities are generally priced using values obtained from independent pricing sources. Redemptions are permitted daily, except participant transfers out of the fund are limited to one per calendar quarter.

Note 5 Fully Benefit-Responsive Investment Contracts

The Plan holds a portfolio of investment contracts that comprises a traditional investment contract. Contract value is a relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA or Nationwide Life Insurance Company, represents contributions made under the respective contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

With respect to the TIAA Traditional Annuity ("TIAA Traditional"), the type of contract through which a participant invests in determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for income upon retirement. The Supplemental Retirement Annuity and Group Supplemental Retirement Annuity TIAA Traditional contract types held by the Plan meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. The TIAA Traditional is an unallocated fixed-annuity contract that is fully and unconditionally guaranteed by TIAA. TIAA Traditional provides a guarantee of principal, a guaranteed minimum rate of interest and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1 for TIAA Traditional. Additional interest is not guaranteed for future years. Contributions to a participant's account purchases a guaranteed amount of lifetime annuity income. When a participant's account in the TIAA Traditional is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the plan.

Note 5 Fully Benefit-Responsive Investment Contracts (continued)

With respect to the Best of America Fixed Contract, the Fund is a general account product of Nationwide Life Insurance Company. The issuer declares interest crediting rates annually. The methodology for calculating the interest rate is based on a formula established by the contract. The minimum guaranteed interest rate will never be less than 1.0% or greater than 3.0%. The average and actual average yield earned by the Plan was approximately 1.69% and 1.88% for the years ended December 31, 2025 and 2024, respectively.

The key factors that influence future interest crediting rates could include the following: the level of market interest rates, the amount and timing of participant contributions, transfers and withdrawals into/out of the contracts; and the duration of the underlying investments backing the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, and also that limit the ability of the Plan to transact at contract value with participants.

Note 6 Party-In-Interest Transactions

A party-in-interest is defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Nationwide Financial Services, Inc.("Nationwide"), Fidelity Management Trust Company ("Fidelity") and TIAA and CREF are the custodians for the Plan. Plan investments include investment contracts, registered investment companies, pooled separate accounts and shares of mutual funds managed by Nationwide, Fidelity or TIAA-CREF. Therefore, transactions pertaining to these investments qualify as party-in-interest transactions. Additionally, the Plan pays certain investment and recordkeeping fees and expenses to Nationwide, Fidelity and TIAA-CREF. These transactions qualify as party-in-interest transactions.

The Plan makes loans to participants and therefore, these transactions qualify as a party-in-interest.

Note 7 Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by the ERISA and regulations pursuant thereto.

Note 8 Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of amounts reported in the financial statements to amounts reported on Form 5500, Schedule H as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	**$ 70,174,331**	$ 58,895,911
Adjustments		
Additional participant contribution receivable	**-**	(15,272)
Excess contributions payable – ending	**32,014**	26,464
Net assets available for benefits as presented on Form 5500	**$ 70,206,345**	$ 58,907,103

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2025	2024
Change in net assets available for benefits per the financial statements	**$ 11,278,420**	$ 8,039,905
Change in participant contribution receivable	**15,272**	(15,272)
Excess contributions payable – beginning	**(26,464)**	(38,055)
Excess contributions payable – ending	**32,014**	26,464
Change in net assets available for benefits per Schedule H of Form 5500	**$ 11,299,242**	$ 8,013,042

Note 9 Tax Status

The Plan is an adoption of the FIS Business Systems LLC Volume Submitter 403(b) Plan and has been designed to qualify under Section 403(b) of the IRC. FIS Business Systems LLC has been notified by the Internal Revenue Service in a letter dated March 31, 2017, that the form of the plan identified above is acceptable under Section 403(b) of IRC. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). Although the Plan has been amended, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9 Tax Status (continued)

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 Risk and Uncertainties

The Plan holds various investment securities. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statements of net assets available for benefits.

Note 11 Nonexempt Transactions

During the year ended December 31, 2025, the Plan sponsor did not timely remit certain participant contributions and loan repayments for a pay period, which totaled $59,535. The participant contributions and loan repayments were funded during the year ended 2025; however, they were considered late as the time to fund the amounts was longer than the Plan's average remittance period. Lost earnings associated with the late participant contributions and loan repayments will be funded to the Plan during 2026.

Note 12 Subsequent Events

The Plan has evaluated subsequent events through October 7, 2026, which is the date the financial statements were available to be issued.

Effective January 1, 2026, the Plan was amended to include an automatic enrollment provision whereby newly hired employees will be automatically enrolled in the Plan to defer 2% of eligible compensation unless a contrary election is made. The percentage will automatically increase by 1% annually on January 1 up to a maximum percentage of 10%, unless otherwise elected.

Supplemental Schedules

Anderson Center for Autism Retirement Plan
Plan Number 003
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 14-1598279
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
		Fixed annuity contract:		
*	TIAA	TIAA Traditional Annuity, Non-Benefit Responsive		$ 2,400,992
		Pooled separate account:		
*	TIAA	TIAA Real Estate		316,928
		Variable annuity accounts:		
*	CREF	CREF Total Global Stock		1,916,891
*	CREF	CREF Money Market		1,296,612
*	CREF	CREF Responsible Balanced		356,965
*	CREF	CREF S&P 500 Index		539,346
*	CREF	CREF Global Equities		421,322
*	CREF	CREF Growth		1,372,437
*	CREF	CREF Core Bond		269,377
*	CREF	CREF Inflation-Linked Bond		139,709
				6,312,659
		Mutual Funds:		
*	TIAA-CREF	TIAA Access Nuveen Core Plus Bond		54,037
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2020-Rtmt		515
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2025-Rtmt		4,286
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2040-Rtmt		12,474
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2045-Rtmt		763
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2050-Rtmt		1,432
*	TIAA-CREF	TIAA Access Nuveen Quant Mid Cap Growth		18,312
*	TIAA-CREF	TIAA Access Nuveen Real Estate Securities Select Fund		21,905
*	TIAA-CREF	TIAA Access Nuveen Small Cap Blend Index		2,496
*	TIAA-CREF	TIAA Access Nuveen Core Equity Retirement		20,290
*	TIAA-CREF	TIAA Access Nuveen International Equity Retirement		40,377
*	TIAA-CREF	TIAA Access Nuveen Large Cap Value Retirement		34,942
*	TIAA-CREF	TIAA Access Nuveen Mid Cap Value Retirement		8,279
*	TIAA-CREF	TIAA Access Nuveen Quant Sm Cap Equity Retirement		26,567
*	TIAA-CREF	TIAA Access Nuveen Large Cap Resp Equity Retirement		2,075
*	TIAA-CREF	TIAA Access Nuveen Large Cap Growth		50,713
*	Fidelity	Fidelity Freedom 2030 Fund		116,183
	ALPS	ALPS CoreCommodity Mgmt CompleteCommodities Strategy Fund		116
	American Funds	American Funds American High Income Fund		74,458
	American Funds	EUPAC Fund		59,298
	American Funds	American Funds New World Fund		97,896
	American Funds	American Funds US Govt Securities		1,333
	Blackrock	Blackrock High Yield Portfolio		16,125
	Blackrock	Blackrock Inflation Protect Bond Fund		2,284
	Blackrock	Blackrock Total Return Fund Class		74
	DFA	DFA International Value Fund		110,048
	Diamond Hill	Diamond Hill MidCap Fund		149
	Dodge & Cox	Dodge & Cox International Stock Fund Class		268
	Federated Hermes	Federated Hermes Gov Obligations Fund Premier Class		282,890
*	Fidelity	Fidelity 500 Index		1,211,953
*	Fidelity	Fidelity Global Ex US Index Fund		103,070
*	Fidelity	Fidelity Inflation-Protected Bond Index Fund		11,956
*	Fidelity	Fidelity International Index Fund		118,869
*	Fidelity	Fidelity Large Cap Growth Index Fund		118,409
*	Fidelity	Fidelity Large Cap Value Index Fund		167,774
*	Fidelity	Fidelity Mid Cap Index		164,509
*	Fidelity	Fidelity US Bond Index		71,703
*	Fidelity	Fidelity Advisor International Cap App		256,299
*	Fidelity	Fidelity Advisor Short-Term Bond Fund		68,156
*	Fidelity	Fidelity Advisor Total Bond Fund		56,941

Anderson Center for Autism Retirement Plan
Plan Number 003
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 14-1598279
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
	Franklin	Franklin Small Cap Growth Fund		38,285
	Goldman Sachs	Goldman Sachs GQG Ptnrs Intl Opps R6 Fund		103,830
	JPMorgan	JPMorgan Large Cap Growth Fund		218
	MFS	MFS Mid Cap Growth Fund		140
*	Nationwide	Nationwide Invesco Core Plus Bond Fund		137,523
*	Nationwide	Nationwide Loomis All Cap Growth Fund		176,601
*	Nationwide	Nationwide Loomis Core Bond Fund		129,856
*	Nationwide	Nationwide BNY Mellon Dyn US Equity Inc Fund		110,397
*	Nationwide	Nationwide BNY Mellon Dyn US Core Fund		115,973
	PGIM	PGIM Total Return Bond Fund		147
	PIMCO	PIMCO Real Return Fund Inst		95,835
	Principal	Principal Global Real Estate Sec Fund		109
	Putnam	Putnam Large Cap Value Fund Class		3,437
	Vanguard	Vanguard Explorer Fund Admiral Shares		182,689
	Vanguard	Vanguard Information Technology Index Fund Admiral		154,636
	Vanguard	Vanguard Small Cap Index Fund Admiral		248,829
	Vanguard	Vanguard Strategic Equity Fund		122,972
	Vanguard	Vanguard Target Retirement 2020 Fund		684,185
	Vanguard	Vanguard Target Retirement 2025 Fund		3,812,220
	Vanguard	Vanguard Target Retirement 2030 Fund		6,620,417
	Vanguard	Vanguard Target Retirement 2035 Fund		4,227,994
	Vanguard	Vanguard Target Retirement 2040 Fund		5,390,220
	Vanguard	Vanguard Target Retirement 2045 Fund		5,889,622
	Vanguard	Vanguard Target Retirement 2050 Fund		14,415,426
	Vanguard	Vanguard Target Retirement 2055 Fund		1,563,107
	Vanguard	Vanguard Target Retirement 2060 Fund		2,337,301
	Vanguard	Vanguard Target Retirement 2065 Fund		642,385
	Vanguard	Vanguard Target Retirement Income Fund		652,296
	AllianceBernstein	AB Global Bond Fund		37,532
	Avantis	Avantis Emerging Markets Equity Fund Inst		15,832
	Avantis	Avantis US Small Cap Value Fund Inst		38,257
*	Nationwide	Nationwide GQG US Quality Equity Fund		173,689
*	Fidelity	Fidelity Total International Index Fund		49,520
*	Nationwide	Nationwide Geneva Mid Cap Growth Fund		55,890
	Avantis	Avantis US Large Cap Value Fund		229
	Vanguard	Vanguard Target Retirement 2070 Fund		1,544
	Columbia	Columbia Overseas Value Fund Inst		60,159
*	Fidelity	Fidelity Blue Chip Growth Fund		636,088
*	Fidelity	Fidelity Contrafund		520,618
*	Fidelity	Fidelity Puritan Fund		345,976
*	Fidelity	Fidelity Balance Fund		113,109
*	Fidelity	Fidelity Low-Priced Stock Fund		36,680
	American Funds	American Funds Mortgage Fund		520
	Columbia	Columbia Commodity Strategy Fund Inst		56,123
	Invesco	Invesco Global Real Estate Income Fund		64,610
				53,473,250
	Total investments at fair value			62,503,829
		Fully benefit-responsive investment contracts at contract value:		
*	TIAA	TIAA Traditional Annuity		867,336
*	Nationwide	Best of America Fixed Contract		274,733
	Total investments at contract value			1,142,069
*	Participant Loans	Loans with rates of interest 4.25% - 9.50%, maturity dates five years	$-0-	433,470
	Total			$ 64,079,368

* Party-in-interest
** Cost information is not required for participant-directed investments.

Anderson Center for Autism Retirement Plan
Plan Number 003
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions
EIN: 14-1598279
December 31, 2025

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Year Ended December 31,	Check Here if Late Participant Loan Repayments are included: [X]	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2025	$59,535	$59,535	$ -0-	$ -0-	$ -0-

Anderson Center for Autism Retirement Plan
Plan Number 003
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 14-1598279
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
		Fixed annuity contract:		
*	TIAA	TIAA Traditional Annuity, Non-Benefit Responsive		$ 2,400,992
		Pooled separate account:		
*	TIAA	TIAA Real Estate		316,928
		Variable annuity accounts:		
*	CREF	CREF Total Global Stock		1,916,891
*	CREF	CREF Money Market		1,296,612
*	CREF	CREF Responsible Balanced		356,965
*	CREF	CREF S&P 500 Index		539,346
*	CREF	CREF Global Equities		421,322
*	CREF	CREF Growth		1,372,437
*	CREF	CREF Core Bond		269,377
*	CREF	CREF Inflation-Linked Bond		139,709
				6,312,659
		Mutual Funds:		
*	TIAA-CREF	TIAA Access Nuveen Core Plus Bond		54,037
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2020-Rtmt		515
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2025-Rtmt		4,286
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2040-Rtmt		12,474
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2045-Rtmt		763
*	TIAA-CREF	TIAA Access Nuveen Lifecycle 2050-Rtmt		1,432
*	TIAA-CREF	TIAA Access Nuveen Quant Mid Cap Growth		18,312
*	TIAA-CREF	TIAA Access Nuveen Real Estate Securities Select Fund		21,905
*	TIAA-CREF	TIAA Access Nuveen Small Cap Blend Index		2,496
*	TIAA-CREF	TIAA Access Nuveen Core Equity Retirement		20,290
*	TIAA-CREF	TIAA Access Nuveen International Equity Retirement		40,377
*	TIAA-CREF	TIAA Access Nuveen Large Cap Value Retirement		34,942
*	TIAA-CREF	TIAA Access Nuveen Mid Cap Value Retirement		8,279
*	TIAA-CREF	TIAA Access Nuveen Quant Sm Cap Equity Retirement		26,567
*	TIAA-CREF	TIAA Access Nuveen Large Cap Resp Equity Retirement		2,075
*	TIAA-CREF	TIAA Access Nuveen Large Cap Growth		50,713
*	Fidelity	Fidelity Freedom 2030 Fund		116,183
	ALPS	ALPS CoreCommodity Mgmt CompleteCommodities Strategy Fund		116
	American Funds	American Funds American High Income Fund		74,458
	American Funds	EUPAC Fund		59,298
	American Funds	American Funds New World Fund		97,896
	American Funds	American Funds US Govt Securities		1,333
	Blackrock	Blackrock High Yield Portfolio		16,125
	Blackrock	Blackrock Inflation Protect Bond Fund		2,284
	Blackrock	Blackrock Total Return Fund Class		74
	DFA	DFA International Value Fund		110,048
	Diamond Hill	Diamond Hill MidCap Fund		149
	Dodge & Cox	Dodge & Cox International Stock Fund Class		268
	Federated Hermes	Federated Hermes Gov Obligations Fund Premier Class		282,890
*	Fidelity	Fidelity 500 Index		1,211,953
*	Fidelity	Fidelity Global Ex US Index Fund		103,070
*	Fidelity	Fidelity Inflation-Protected Bond Index Fund		11,956
*	Fidelity	Fidelity International Index Fund		118,869
*	Fidelity	Fidelity Large Cap Growth Index Fund		118,409
*	Fidelity	Fidelity Large Cap Value Index Fund		167,774
*	Fidelity	Fidelity Mid Cap Index		164,509
*	Fidelity	Fidelity US Bond Index		71,703
*	Fidelity	Fidelity Advisor International Cap App		256,299
*	Fidelity	Fidelity Advisor Short-Term Bond Fund		68,156
*	Fidelity	Fidelity Advisor Total Bond Fund		56,941

Anderson Center for Autism Retirement Plan
Plan Number 003
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
EIN: 14-1598279
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
	Franklin	Franklin Small Cap Growth Fund		38,285
	Goldman Sachs	Goldman Sachs GQG Ptnrs Intl Opps R6 Fund		103,830
	JPMorgan	JPMorgan Large Cap Growth Fund		218
	MFS	MFS Mid Cap Growth Fund		140
*	Nationwide	Nationwide Invesco Core Plus Bond Fund		137,523
*	Nationwide	Nationwide Loomis All Cap Growth Fund		176,601
*	Nationwide	Nationwide Loomis Core Bond Fund		129,856
*	Nationwide	Nationwide BNY Mellon Dyn US Equity Inc Fund		110,397
*	Nationwide	Nationwide BNY Mellon Dyn US Core Fund		115,973
	PGIM	PGIM Total Return Bond Fund		147
	PIMCO	PIMCO Real Return Fund Inst		95,835
	Principal	Principal Global Real Estate Sec Fund		109
	Putnam	Putnam Large Cap Value Fund Class		3,437
	Vanguard	Vanguard Explorer Fund Admiral Shares		182,689
	Vanguard	Vanguard Information Technology Index Fund Admiral		154,636
	Vanguard	Vanguard Small Cap Index Fund Admiral		248,829
	Vanguard	Vanguard Strategic Equity Fund		122,972
	Vanguard	Vanguard Target Retirement 2020 Fund		684,185
	Vanguard	Vanguard Target Retirement 2025 Fund		3,812,220
	Vanguard	Vanguard Target Retirement 2030 Fund		6,620,417
	Vanguard	Vanguard Target Retirement 2035 Fund		4,227,994
	Vanguard	Vanguard Target Retirement 2040 Fund		5,390,220
	Vanguard	Vanguard Target Retirement 2045 Fund		5,889,622
	Vanguard	Vanguard Target Retirement 2050 Fund		14,415,426
	Vanguard	Vanguard Target Retirement 2055 Fund		1,563,107
	Vanguard	Vanguard Target Retirement 2060 Fund		2,337,301
	Vanguard	Vanguard Target Retirement 2065 Fund		642,385
	Vanguard	Vanguard Target Retirement Income Fund		652,296
	AllianceBernstein	AB Global Bond Fund		37,532
	Avantis	Avantis Emerging Markets Equity Fund Inst		15,832
	Avantis	Avantis US Small Cap Value Fund Inst		38,257
*	Nationwide	Nationwide GQG US Quality Equity Fund		173,689
*	Fidelity	Fidelity Total International Index Fund		49,520
*	Nationwide	Nationwide Geneva Mid Cap Growth Fund		55,890
	Avantis	Avantis US Large Cap Value Fund		229
	Vanguard	Vanguard Target Retirement 2070 Fund		1,544
	Columbia	Columbia Overseas Value Fund Inst		60,159
*	Fidelity	Fidelity Blue Chip Growth Fund		636,088
*	Fidelity	Fidelity Contrafund		520,618
*	Fidelity	Fidelity Puritan Fund		345,976
*	Fidelity	Fidelity Balance Fund		113,109
*	Fidelity	Fidelity Low-Priced Stock Fund		36,680
	American Funds	American Funds Mortgage Fund		520
	Columbia	Columbia Commodity Strategy Fund Inst		56,123
	Invesco	Invesco Global Real Estate Income Fund		64,610
				53,473,250
	Total investments at fair value			62,503,829
		Fully benefit-responsive investment contracts at contract value:		
*	TIAA	TIAA Traditional Annuity		867,336
*	Nationwide	Best of America Fixed Contract		274,733
	Total investments at contract value			1,142,069
*	Participant Loans	Loans with rates of interest 4.25% - 9.50%, maturity dates five years	$-0-	433,470
	Total			$ 64,079,368

* Party-in-interest
** Cost information is not required for participant-directed investments.

Anderson Center for Autism Retirement Plan
Plan Number 003
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions
EIN: 14-1598279
December 31, 2025

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Year Ended December 31,	Check Here if Late Participant Loan Repayments are included: [X]	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2025	$59,535	$59,535	$ -0-	$ -0-	$ -0-