

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2022</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 05/31/2022

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

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

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) FLORIDA - HURRICANE IDALIA

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

<p>1a Name of plan <u>WEBBER INTL. UNIVERSITY, INC. 403(B) DC & TDA PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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) <u>WEBBER INTL. UNIVERSITY, INC.</u> <u>JOSEPH CICHETTO</u> <u>P.O. BOX 96</u> <u>BABSON PARK, FL 33827-0096</u></p>	<p>1c Effective date of plan <u>09/01/1957</u></p> <p>2b Employer Identification Number (EIN) <u>59-2139553</u></p> <p>2c Plan Sponsor's telephone number <u>863-638-2943</u></p> <p>2d Business code (see instructions) <u>611000</u></p>

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.	02/15/2024	CHRISTINA JORDON
	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 <input type="checkbox"/> Same as Plan Sponsor WEBBER INTL. UNIVERSITY, INC. CHRISTINA JORDON P.O. BOX 96 BABSON PARK, FL 33827-0096	3b Administrator's EIN 59-2139553 3c Administrator's telephone number 863-638-2943																		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																		
5 Total number of participants at the beginning of the plan year	5 203																		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">121</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">118</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">77</td></tr> <tr><td>6d</td><td style="text-align: right;">195</td></tr> <tr><td>6e</td><td style="text-align: right;">4</td></tr> <tr><td>6f</td><td style="text-align: right;">199</td></tr> <tr><td>6g</td><td style="text-align: right;">182</td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>	6a(1)	121	6a(2)	118	6b	0	6c	77	6d	195	6e	4	6f	199	6g	182	6h	0
6a(1)	121																		
6a(2)	118																		
6b	0																		
6c	77																		
6d	195																		
6e	4																		
6f	199																		
6g	182																		
6h	0																		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																		
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2G b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																			

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 05/31/2022

<p>A Name of plan <u>WEBBER INTL. UNIVERSITY, INC. 403(B) DC & TDA PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>002</u></p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEBBER INTL. UNIVERSITY, INC.</u></p>	<p>D Employer Identification Number (EIN) <u>59-2139553</u></p>	

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
<u>13-1624203</u>	<u>69345</u>	<u>337032</u>	<u>190</u>	<u>01/01/2022</u>	<u>05/31/2022</u>

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

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

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

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

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

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

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

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(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.....	2983346																					
5	Current value of plan's interest under this contract in separate accounts at year end.....	9262072																					
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶																						
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>																						
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)																						
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶																						
b	Balance at the end of the previous year	7b 3050239																					
c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">(1) Contributions deposited during the year</td> <td style="width: 10%; text-align: right;">7c(1)</td> <td style="width: 10%; text-align: right;">18767</td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td style="text-align: right;">7c(2)</td> <td></td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td style="text-align: right;">7c(3)</td> <td style="text-align: right;">45336</td> </tr> <tr> <td>(4) Transferred from separate account.....</td> <td style="text-align: right;">7c(4)</td> <td style="text-align: right;">356962</td> </tr> <tr> <td>(5) Other (specify below)</td> <td style="text-align: right;">7c(5)</td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;">▶</td> </tr> <tr> <td>(6) Total additions.....</td> <td style="text-align: right;">7c(6)</td> <td style="text-align: right;">421065</td> </tr> </table>	(1) Contributions deposited during the year	7c(1)	18767	(2) Dividends and credits.....	7c(2)		(3) Interest credited during the year.....	7c(3)	45336	(4) Transferred from separate account.....	7c(4)	356962	(5) Other (specify below)	7c(5)		▶			(6) Total additions.....	7c(6)	421065	
(1) Contributions deposited during the year	7c(1)	18767																					
(2) Dividends and credits.....	7c(2)																						
(3) Interest credited during the year.....	7c(3)	45336																					
(4) Transferred from separate account.....	7c(4)	356962																					
(5) Other (specify below)	7c(5)																						
▶																							
(6) Total additions.....	7c(6)	421065																					
d	Total of balance and additions (add lines 7b and 7c(6))	7d 3471304																					
e	Deductions:																						
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 46537																					
	(2) Administration charge made by carrier.....	7e(2)																					
	(3) Transferred to separate account.....	7e(3) 440354																					
	(4) Other (specify below)	7e(4) 1067																					
	▶ LOAN ACTIVITY																						
	(5) Total deductions.....	7e(5) 487958																					
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 2983346																					

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	
Specify nature of costs.			

Part IV Provision of Information

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

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

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 05/31/2022

A Name of plan <u>WEBBER INTL. UNIVERSITY, INC. 403(B) DC & TDA PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEBBER INTL. UNIVERSITY, INC.</u>	D Employer Identification Number (EIN) <u>59-2139553</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

a Name:	b EIN:
c Position:	
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Explanation:

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

Explanation:

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)

**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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **05/31/2022**

A Name of plan WEBBER INTL. UNIVERSITY, INC. 403(B) DC & TDA PLAN		B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WEBBER INTL. UNIVERSITY, INC.		D Employer Identification Number (EIN) 59-2139553	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	481939	494703
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10936720	8767369
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3050239	2983346
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14468898	12245418

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	14468898	12245418
---	----	----------	----------

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 Contributions:

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	89962	
(B) Participants.....	2a(1)(B)	125114	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		215076

b Earnings on investments:

(1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	45336	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		45336

(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		

(3) Rents.....	2b(3)		
----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		47347
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1900645
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1592886
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	630594	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		630594
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		630594
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2223480
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BUNTING, TRIPP & INGLEY, LLP**

(2) EIN: **59-0673514**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a	X		114481

		Yes	No	Amount
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 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)
ICUF MEP TRANSFERRED 6-1-22	59-1919098	333

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 _____.

**WEBBER INTERNATIONAL UNIVERSITY, INC.
403(b) PLAN**

FINANCIAL STATEMENTS

AND SUPPLEMENTARY SCHEDULES

PERIOD ENDED MAY 31, 2022

AND YEAR ENDED DECEMBER 31, 2021

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTARY SCHEDULES

PERIOD ENDED MAY 31, 2022

AND YEAR ENDED DECEMBER 31, 2021

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Bunting, Tripp & Ingley, LLP

CERTIFIED PUBLIC ACCOUNTANTS

A Tradition of Excellence Since 1926



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Independent Auditor's Report

ALSO WITH OFFICES IN
TAMPA, FLORIDA

To the Trustees of
Webber International University, Inc. 403(b) Plan
Babson Park, Florida

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

We have performed audits of the accompanying financial statements of Webber International University, Inc. 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of May 31, 2022 and December 31, 2021, and the related statements of changes in net assets available for benefits for the period ended May 31, 2022, and year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Webber International University, Inc. 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the period ended May 31, 2022, and year ended December 31, 2021, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Webber International University, Inc. 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Webber International University, Inc. 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the

effectiveness of Webber International University, Inc. 403(b) 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 Webber International University, Inc. 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplementary Schedules Required by ERISA

The supplementary schedules of Delinquent Participant Contributions and Assets Held for Investment as of May 31, 2022, are presented for purposes 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 supplementary 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 generally accepted auditing standards. For information included in the supplementary 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 supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including the form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Brenton, Tighe & Hupley, LLP

Lake Wales, Florida

February 14, 2024

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MAY 31, 2022 AND DECEMBER 31, 2021

	<u>2022</u>	<u>2021</u>
<u>Assets</u>		
Investments at fair value	\$11,313,512	\$13,462,181
Investments at contract value	931,906	1,006,717
	<u>12,245,418</u>	<u>14,468,898</u>
Total investments	12,245,418	14,468,898
Net assets available for benefits	<u>\$12,245,418</u>	<u>\$14,468,898</u>

See accompanying notes to financial statements.

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

	<u>2022</u>	<u>2021</u>
<u>Additions</u>		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (1,853,298)	\$ 1,816,665
Interest credited	45,336	94,900
	<u>(1,807,962)</u>	<u>1,911,565</u>
Total investment (loss) income		
Contributions:		
Participants	125,114	222,849
Employer match	89,962	151,088
Rollovers	-	358,922
	<u>215,076</u>	<u>732,859</u>
Total contributions		
Total additions	<u>(1,592,886)</u>	<u>2,644,424</u>
<u>Deductions</u>		
Benefits paid to participants	630,594	1,229,338
	<u>630,594</u>	<u>1,229,338</u>
Total deductions		
Net (decrease) increase	(2,223,480)	1,415,086
Net assets available for benefits, beginning of year	14,468,898	13,053,812
Net assets available for benefits, end of year	<u>\$12,245,418</u>	<u>\$14,468,898</u>

See accompanying notes to financial statements.

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

Note A - Description of Plan

The following description of the Webber International University, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General. The Plan is a defined contribution 403(b) plan covering all employees of the Florida campus of Webber International University, Inc. (the University), excluding student employees. The primary purpose of the Plan is to provide employees of the University with financial benefits upon retirement. The Plan consists of two components referred to as defined contribution (DC) and tax-deferred annuity (TDA). The provisions of the DC and TDA components are comparable, other than as specified below. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974 (ERISA)*.

Contributions. Each year, participants may contribute a portion of their pretax annual compensation to their DC and/or TDA account balance, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants who have worked at least fifteen years for the University are eligible to make special 403(b) catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (i.e. rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The University makes matching contributions equal to 100% of the first 5% of compensation that a participant contributes to their DC account. Participants are eligible for the University's matching contribution after attaining age eighteen and completing one month of service. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts. Each participant's account is credited with the participant's contributions and any University matching contributions, as well as allocations of Plan earnings or losses, and any Plan expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately fully vested in their contributions, including any University matching contributions, plus the earnings thereon. Accordingly, the Plan has no forfeitures to reallocate.

Payments of Benefits. A participant may receive a distribution of their deferrals, and any University contributions invested in annuity contracts, plus the earnings thereon, upon termination of employment, becoming disabled, reaching age 59 ½, or on account of hardship (defined in the Plan). Any University contributions not invested in annuity contracts, plus the earnings thereon, may be distributed upon termination of employment. A participant may elect to receive the distribution as a lump sum, partial payment, installment payment, or annuity contract (if assets are held in a custodial account) or converted to an income option (if assets are invested in an annuity contract).

If a participant terminates employment and their TDA balance does not exceed \$1,000, the balance in the participant's TDA account is distributed as a lump sum distribution. All other distributions generally will not be paid out of the Plan until the participant requests a distribution.

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

Note A - Description of Plan - Continued

Payments of Benefits - Continued

If a participant's vested balance does not exceed \$5,000 upon death, the beneficiary generally has the same distribution options available as described above. If the vested balance exceeds \$5,000, the beneficiary may be required to receive the distribution in the form of a life annuity or may be eligible to rollover the distribution into an individual retirement account.

Individual agreements governing the investment options selected by the participant may contain additional limits on when the participant or beneficiary may take a distribution and the form of distribution available.

Notes Receivable from Participants and Plan Loans. Participants may borrow funds either from their TDA account balance (i.e. notes receivable from participants) or directly from funds owned by TIAA (i.e. plan loans). Available borrowings range from a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans taken from a TIAA annuity are subject to additional maximum loan limitations. Repayment terms range up to five years from the date of the loan unless such loan is for the purchase of a participant's primary residence, in which case the repayment period may extend to ten years. Loans are secured by the vested balance in the participant's TDA account and bear interest at fixed or variable rates, depending on how the TDA account balance is invested.

At May 31, 2022 and December 31, 2021, plan loans total \$11,521 and \$12,588, respectively. Plan loans outstanding at May 31, 2022, bear interest at 4.31%. Principal and interest is paid ratably by the participant directly to TIAA. As plan loans are directly between TIAA and the participant, they are not considered assets of the Plan.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for disclosure of fair value measurements.

Purchases and sales of investments 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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

Note B - Summary of Significant Accounting Policies - Continued

Payment of Benefits

Benefits are recorded when paid.

Administrative and Investment Expenses

Certain expenses of maintaining the Plan are paid directly by the University and are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Date of Management's Review

Subsequent events were evaluated through February 14, 2024, which is the date the financial statements were available to be issued.

Note C - Certified Investments

Teachers Insurance and Annuity Association of America (TIAA) manages the Plan assets, executes investment transactions for the Plan, and makes distributions to participants as directed by the Plan administrator. Webber International University, Inc. serves as the Plan administrator.

The University, acting in its capacity as the Plan administrator, has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of the unaudited information regarding the Plan as of and for the period ended May 31, 2022, and for the year ended December 31, 2021, included in the Plan's financial statements and supplementary schedule, that was prepared by or derived from information prepared by TIAA and furnished to the Company. The Company has obtained certifications from TIAA as of and for the period ended May 31, 2022, and the year ended December 31, 2021, that such information is complete and accurate.

	<u>2022</u>	<u>2021</u>
Investment in securities:		
Mutual funds	\$ 8,767,369	\$10,936,720
Guaranteed investment contracts	2,983,346	3,050,239
Pooled separate accounts	494,703	481,939
Total	<u>\$12,245,418</u>	<u>\$14,468,898</u>
Investment (loss) income from securities:		
Net (depreciation) appreciation in fair value of investments	\$ (1,853,298)	\$ 1,816,665
Interest credited	45,336	94,900
Total	<u>\$ (1,807,962)</u>	<u>\$ 1,911,565</u>

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

Note D - Guaranteed Investment Contracts with TIAA

At May 31, 2022 and December 31, 2021, the Plan's total contract types are as follows:

	<u>2022</u>	<u>2021</u>
GRA & RA contracts - non-fully benefit-responsive	\$ 2,051,440	\$ 2,043,522
GSRA & SRA contracts - fully benefit-responsive	931,906	1,006,717
Total	<u>\$ 2,983,346</u>	<u>\$ 3,050,239</u>

The Plan has entered into fixed-rate guaranteed annuity contracts with TIAA totaling \$2,983,346 for 2022 and \$3,050,239 for 2021, respectively. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The annuity contract is a guaranteed annuity which guarantees principal and pays a guaranteed minimum interest, currently 3.00%, during the accumulation phase, and at least 2.00% during the payout phase. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. When declared, the additional amounts remain in effect for the declaration year that begins each March 1, and are not guaranteed for future years. Together the guaranteed minimum and additional amounts make up the crediting rate in the accumulation phase. TIAA groups premium dollars received over defined periods into vintages for the purposes of determining the crediting rate for the applicable declaration year during the accumulation period. During 2022, the average crediting rate for regular annuities was 4.24% for annuities in both accumulation and payout phases.

The TIAA Traditional Annuity holdings within the Group Supplemental Retirement Annuity (GSRA) and Supplemental Retirement Annuity (RA) contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the 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, represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its contractual obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger, with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemptions from federal income taxes or any required prohibited transaction exemption under ERISA, (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the participants

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

Note D - Guaranteed Investment Contracts with TIAA - Continued

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

The TIAA Traditional Annuity holdings within the Group Retirement Annuity (GRA) and Retirement Annuity (RA) contracts have liquidity restrictions and are non-benefit responsive. Participant-initiated distributions, withdrawals, and transfers out of these contracts can only be made in 10 annual installments through Transfer Payout Annuities. Upon termination of employment lump-sum distributions are permitted for the GRA contracts within 120 days following termination and are subject to a 2.50% surrender charge, no lump-sum distributions are permitted for RA contracts.

Investment contracts that are not fully benefit-responsive held by a defined contribution plan are required to be reported at fair value. Contract value approximates fair value. Contract value approximates a discounted cash flow value calculated using an appropriate risk adjusted market discount rate which correlates closely with the non-fully benefit-responsive historical crediting rates.

Note E - Fair Value Measurements

The Plan's investments are stated at fair value based on the following hierarchy of fair value measurement inputs:

Level 1 The fair value of mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

The fair value of pooled separate accounts are based on the closing net asset value reported on the active market where the individual accounts are traded.

Level 3 The fair value of TIAA non-fully benefit-responsive Traditional Annuities are valued at contract value, which approximates fair value. The contract value of the annuities equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less any withdrawals and transfers. Contract value approximates a discounted cash flow value calculated using an appropriate risk adjusted market discount rate which correlates closely with the non-fully benefit-responsive historical crediting rates. The risk adjusted market discount rate is an unobservable input.

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

Note E - Fair Value Measurements - Continued

At May 31, 2022, the Plan's investments are categorized as follows:

	Fair Value	Level 1	Level 3
Mutual funds	\$ 8,767,369	\$ 8,767,369	\$ -
Pooled separate accounts	494,703	494,703	-
Guaranteed investment contracts	2,051,440	-	2,051,440
Total investments at fair value	<u>\$11,313,512</u>	<u>\$ 9,262,072</u>	<u>\$ 2,051,440</u>

At December 31, 2021, the Plan's investments are categorized as follows:

	Fair Value	Level 1	Level 3
Mutual funds	\$10,936,720	\$10,936,720	\$ -
Pooled separate accounts	481,939	481,939	-
Guaranteed investment contracts	2,043,522	-	2,043,522
Total investments at fair value	<u>\$13,462,181</u>	<u>\$11,418,659</u>	<u>\$ 2,043,522</u>

Investments valued using Level 3 inputs had the following activity:

	2022	2021
Guaranteed investment contracts, beginning of year	\$ 2,043,522	\$ 2,016,525
Interest credited	32,759	71,310
Purchases	15,891	30,725
Sales	(36,284)	(88,477)
Transfers in	356,962	55,419
Transfers out	(361,410)	(41,980)
Guaranteed investment contracts, end of year	<u>\$ 2,051,440</u>	<u>\$ 2,043,522</u>

Unrealized gains (losses) from the guaranteed investment contracts are not included in the statements of changes in net assets available for benefits as the contract is recorded at contract value for the purpose of net assets available for benefits, which approximates fair value.

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

Note E - Fair Value Measurements - Continued

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial statements, and the significant unobservable inputs and the ranges of values for those inputs as of May 31, 2022.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
		Theoretical transfer (exit value)		
TIAA Traditional Annuity	\$ 2,051,440	Discounted cash flow	Risk-adjusted discount rate	GRA - 3.70% - 6.25% RA - 3.70% - 6.25%

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial statements, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2021.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
		Theoretical transfer (exit value)		
TIAA Traditional Annuity	\$ 2,043,522	Discounted cash flow	Risk-adjusted discount rate	GRA - 3.00% - 3.80% RA - 3.00% - 3.80%

Note F - Risks and Uncertainties

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

Note G - Parties-in-Interest

At May 31, 2022 and December 31, 2021, Plan investments totaling \$12,245,418 and \$14,468,898, respectively, are shares of mutual funds, guaranteed investment contracts, and pooled separate accounts managed by TIAA. Purchases and sales of these investments qualify as party-in-interest transactions.

Note H - Plan Merger

On January 21, 2022, University management approved the merger of the Plan into the Independent Colleges and Universities of Florida Multiple Employer Plan (ICUF MEP) offered by TIAA. The merger was effective June 1, 2022. Beginning June 1, 2022, the employees of the University began contributing into the ICUF MEP and all assets of the Plan were assigned to the ICUF MEP.

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

PERIOD ENDED MAY 31, 2022 AND YEAR ENDED DECEMBER 31, 2021

Note I - Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the IRC and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

SUPPLEMENTARY SCHEDULES

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN
SCHEDULE H, LINE 4a-SCHEDULE OF PARTICIPANT CONTRIBUTIONS
MAY 31, 2022

59-2139553
PN 002

Participant Contributions transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	\$ -	\$ 114,481	\$ -	\$ -

WEBBER INTERNATIONAL UNIVERSITY, INC. 403(b) PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MAY 31, 2022

59-2139553
PN 002

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of issue, borrower, lessor, or similiary party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
X	TIAA Traditional Benefit Responsive	Guaranteed Investment Contract		\$ 931,906
X	TIAA Traditional Non Benefit Responsive	Guaranteed Investment Contract		2,051,440
X	TIAA Real Estate	Pooled Separate Accounts		494,703
X	CREF Stock	Mutual Funds		2,036,457
X	CREF Money Market	Mutual Funds		325,451
X	CREF Social Choice	Mutual Funds		73,460
X	CREF Bond Market	Mutual Funds		148,753
X	CREF Global Equities	Mutual Funds		790,909
X	CREF Growth	Mutual Funds		3,086,414
X	CREF Equity Index	Mutual Funds		1,503,773
X	CREF Inflation - Linked Bond	Mutual Funds		226,286
X	TIAA Access Lifecycle 2010 T4	Mutual Funds		3,402
X	TIAA Access Lifecycle 2015 T4	Mutual Funds		316
X	TIAA Access Lifecycle 2020 T4	Mutual Funds		1,088
X	TIAA Access Lifecycle 2025 T4	Mutual Funds		532
X	TIAA Access Lifecycle 2030 T4	Mutual Funds		5,102
X	TIAA Access Lifecycle 2035 T4	Mutual Funds		26,816
X	TIAA Access Lifecycle 2040 T4	Mutual Funds		647
X	TIAA Access Lifecycle 2045 T4	Mutual Funds		669
X	TIAA Access Lifecycle 2050 T4	Mutual Funds		15,070
X	TIAA Access Lifecycle 2055 T4	Mutual Funds		4,945
X	TIAA Access Bond Plus T4	Mutual Funds		13,079
X	TIAA Access Equity Index T4	Mutual Funds		17,464
X	TIAA Access Growth & Income T4	Mutual Funds		43,681
X	TIAA Access Intl Equity T4	Mutual Funds		84,339
X	TIAA Access Lg-Cap Gr T4	Mutual Funds		56,324
X	TIAA Access Lg-Cap Val T4	Mutual Funds		45,708
X	TIAA Access Mid- Cap Gr T4	Mutual Funds		43,433
X	TIAA Access Mid-Cap Val T4	Mutual Funds		58,071
X	TIAA Access Real Est Secs T4	Mutual Funds		53,916
X	TIAA Access Sm-Cap Bl Idx T4	Mutual Funds		60,962
X	TIAA Access Sm-Cap Equity T4	Mutual Funds		29,984
X	TIAA Access Social Ch Eq	Mutual Funds		10,318
Total				<u>\$12,245,418</u>

(d)The cost of participant directed investments is not required to be disclosed.

2022 Form 5500 e-file Signature Authorization

WEBBER INTL. UNIVERSITY, INC.
WEBBER INTL. UNIVERSITY, INC. 403(b) DC & TDA PLAN 002
P.O. BOX 96
BABSON PARK, FL 33827-0096

Employer Identification Number: 59-2139553

Client Identification Number: 9890B

You, as plan administrator, are authorizing that BUNTING, TRIPP & INGLE, LLP electronically file the 2022 Form 5500 for WEBBER INTL. UNIVERSITY, INC. 403(b) DC & TDA PLAN as an EFAST2 Service Provider.

Authorization

As plan administrator for WEBBER INTL. UNIVERSITY, INC. 403(b) DC & TDA PLAN, I authorize BUNTING, TRIPP & INGLE, LLP to electronically file Form 5500 for the tax year 2022. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization



Date:

2/15/2024

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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 05/31/2022

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) **FLORIDA - HURRICANE IDALIA**

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 WEBBER INTL. UNIVERSITY, INC. 403 (B) DC & TDA PLAN	1b Three-digit plan number (PN) ▶	002
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) WEBBER INTL. UNIVERSITY, INC. JOSEPH CICHETTO P.O. BOX 96 BABSON PARK FL 33827-0096	1c Effective date of plan 09/01/1957	2b Employer Identification Number (EIN) 59-2139553
	2c Plan Sponsor's telephone number 863-638-2943	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	 Signature of plan administrator	<u>2/15/2024</u> Date	CHRISTINA JORDON 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

SIGN HERE





3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WEBBER INTL. UNIVERSITY, INC. CHRISTINA JORDON P.O. BOX 96 BABSON PARK FL 33827-0096	3b Administrator's EIN 59-2139553 3c Administrator's telephone number 863-638-2943
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	203
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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)	121
a(2) Total number of active participants at the end of the plan year	6a(2)	118
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	77
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	4
f Total. Add lines 6d and 6e	6f	199
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	182
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2L 2G

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

WEBBER INTL. UNIVERSITY, INC.

59-2139553

Form 5500 (2022)

Page 3

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

59-2139553

Federal StatementsFYE: 5/31/2022 **WEBBER INTL. UNIVERSITY, INC. 403(b) DC & TDA PLAN****Plan: 002****Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
X	TIAA TRAD BENEFIT RE	GUARANTEED INV ACCT	\$	\$ 931,906
X	TIAA TRAD NON BENEFI	GUARANTEED INV ACCT		2,051,440
X	TIAA REAL ESTATE	POOLED SEPARATE ACCT		494,703
X	CREF STOCK	MUTUAL FUNDS		2,036,457
X	CREF MONEY MARKET	MUTUAL FUNDS		325,451
X	CREF SOCIAL CHOICE	MUTUAL FUNDS		73,460
X	CREF BOND MARKET	MUTUAL FUNDS		148,753
X	CREF GLOBAL EQUITIES	MUTUAL FUNDS		790,909
X	CREF GROWTH	MUTUAL FUNDS		3,086,414
X	CREF EQUITY INDEX	MUTUAL FUNDS		1,503,773
X	CREF INFL. LINKED BD	MUTUAL FUNDS		226,286
X	TIAA ACC LIFE 2010	MUTUAL FUNDS		3,402
X	TIAA ACC LIFE 2015	MUTUAL FUNDS		316
X	TIAA ACC LIFE 2020	MUTUAL FUNDS		1,088
X	TIAA ACC LIFE 2025	MUTUAL FUNDS		532
X	TIAA ACC LIFE 2030	MUTUAL FUNDS		5,102
X	TIAA ACC LIFE 2035	MUTUAL FUNDS		26,816
X	TIAA ACC LIFE 2040	MUTUAL FUNDS		647
X	TIAA ACC LIFE 2045	MUTUAL FUNDS		669
X	TIAA ACC LIFE 2050	MUTUAL FUNDS		15,070
X	TIAA ACC LIFE 2055	MUTUAL FUNDS		4,945
X	TIAA ACC BOND PLUS	MUTUAL FUNDS		13,079
X	TIAA ACC EQUITY INDE	MUTUAL FUNDS		17,464
X	TIAA ACC GROWTH & IN	MUTUAL FUNDS		43,681
X	TIAA ACC INTL EQUITY	MUTUAL FUNDS		84,339
X	TIAA ACC LG CAP GROW	MUTUAL FUNDS		56,324
X	TIAA ACC LG CAP VAL	MUTUAL FUNDS		45,708
X	TIAA ACC MID CAP GRO	MUTUAL FUNDS		43,433
X	TIAA ACC MID CAP VAL	MUTUAL FUNDS		58,071
X	TIAA ACC REAL EST SE	MUTUAL FUNDS		53,916
X	TIAA ACC SM CAP BL	MUTUAL FUNDS		60,962
X	TIAA ACC SM CAP EQUI	MUTUAL FUNDS		29,984
X	TIAA ACC SOCIAL CH	MUTUAL FUNDS		10,318