

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [] Form 5558 [] automatic extension... 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: GOLDEY-BEACOM COLLEGE 403(B) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): GOLDEY-BEACOM COLLEGE, INC.
2b Employer Identification Number (EIN): 51-0109178
2c Plan Sponsor's telephone number: 302-998-8814
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	253
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	121
	6a(2)	161
	6b	3
	6c	121
	6d	285
	6e	0
	6f	285
	6g(1)	243
	6g(2)	236
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:
2F 2G 2L 2M 2T

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan GOLDEY-BEACOM COLLEGE 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEY-BEACOM COLLEGE, INC.</p>	<p>D Employer Identification Number (EIN) 51-0109178</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
13-1624203	69345	346605	127	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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	2119597
5	Current value of plan's interest under this contract in separate accounts at year end.....	9603729
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 2089873
c	(1) Contributions deposited during the year	7c(1) 46494
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 91739
	(4) Transferred from separate account	7c(4) 136572
	(5) Other (specify below)..... ▶	7c(5) 25
	(6) Total additions	7c(6) 274830
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2364703
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 168324
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 76780
	(4) Other (specify below)..... ▶	7e(4) 2
(5) Total deductions	7e(5) 245106	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 2119597

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 <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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan GOLDEY-BEACOM COLLEGE 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEY-BEACOM COLLEGE, INC.	D Employer Identification Number (EIN) 51-0109178	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

TIAA

13-1624203

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

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

(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:	
d Address:	e Telephone:

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GOLDEY-BEACOM COLLEGE 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GOLDEY-BEACOM COLLEGE, INC.</u>	D Employer Identification Number (EIN) <u>51-0109178</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

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

c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>240754</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GOLDEY-BEACOM COLLEGE 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDEY-BEACOM COLLEGE, INC.	D Employer Identification Number (EIN) 51-0109178

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.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	488239
(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)	16828
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	240754
(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)	20995842
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2119597
(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	22057286	23861260
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	22057286	23861260

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)	453879	
(B) Participants.....	2a(1)(B)	518545	
(C) Others (including rollovers).....	2a(1)(C)	61664	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1034088
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	11913	
(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)	707	
(F) Other.....	2b(1)(F)	91864	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		104484
(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)	536694	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		536694
(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)		-9175
(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)		2546917
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4213008

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2285155	
(2) To insurance carriers for the provision of benefits	2e(2)	121074	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2406229
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	50	
(3) Recordkeeping fees	2i(3)	2390	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	365	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2805
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2409034

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1803974
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	460
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	650000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GOLDEY-BEACOM COLLEGE 403(B) 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>GOLDEY-BEACOM COLLEGE, INC.</u>	D Employer Identification Number (EIN) <u>51-0109178</u>	

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): 13-1624203 04-2647786

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

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

3		22
---	--	----

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Goldey-Beacom College 403(b) Plan

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions	17
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	18

Independent Auditors' Report

To the Plan Administrator of
Goldey-Beacom College 403(b) Plan

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

We have performed audits of the financial statements of Goldey-Beacom College 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 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 accompanying 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 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for at least one year following the date that 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 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions and Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Pittston, Pennsylvania
June 11, 2025

Goldey-Beacom College 403(b) Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments at fair value	\$ 23,805,693	\$ 22,008,830
Investments at contract value	38,739	45,286
Total investments	23,844,432	22,054,116
Receivables		
Notes receivable from participants	16,828	3,170
Total assets	23,861,260	22,057,286
Net assets available for benefits	\$ 23,861,260	\$ 22,057,286

See notes to financial statements

Goldey-Beacom College 403(b) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions

Investment income

Interest and dividends	\$ 658,044
Net appreciation in fair value of investments	2,520,044

Total investment income	3,178,088
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Contributions

Participant contributions	518,545
Employer contributions	453,879
Rollovers	61,664

Total contributions	1,034,088
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Other revenue	125
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Interest income on notes receivable from participants	707
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Total additions	4,213,008
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Deductions

Benefits paid to participants	2,406,229
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Administrative expenses	2,805
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Total deductions	2,409,034
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Net increase	1,803,974
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Net assets available for benefits

Beginning of year	22,057,286
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End of year	\$ 23,861,260
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See notes to financial statements

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Goldey-Beacom College 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective July 1, 1980, as restated January 1, 2009. The Plan covers all employees, excluding students enrolled and attending classes at Goldey-Beacom College or nonresident aliens with no earned income that is United States source income, of Goldey-Beacom College, Inc. (the Organization). Eligible employees of the Organization who have completed one year of service are eligible to receive employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The plan management is responsible for oversight of the Plan. The Plan's Board of Trustees determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's management.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Teachers Insurance and Annuity Association (TIAA), College Retirement Equities Fund (CREF) and Fidelity Management Trust Company (Fidelity).

Additional discretionary amounts may be contributed by the Organization at the option of the Board of Trustees for eligible participants. For the year ended December 31, 2024, the discretionary contributions for 2024 amounted to:

	Percent of Total Compensation up to Social Security Wage Base (%)
--	--

Full Professors, Full Deans, Officers	7.50
Participants with Less Than 10 Years of Service	5.50
Participants with 10, but Less Than 20 Years of Service	6.50
Participants with 20 or More Years of Service	7.50

	Percent of Total Compensation Over the Social Security Wage Base (%)
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Full Professors, Full Deans, Officers	13.00
Participants with Less Than 10 Years of Service	11.00
Participants with 10, but Less Than 20 Years of Service	12.00
Participants with 20 or More Years of Service	13.00

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

There is an overall limit of 9.9% of total compensation for the Organization's discretionary contribution.

Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Organization's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after three years of credited service.

Notes Receivable From Participants

Participants may borrow from their TIAA fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined daily, is set at the reasonable rate of interest commensurate with the interest rates charged by persons in the business of lending money under similar circumstances, as defined. Principal and interest are paid ratably through monthly payroll deductions. Terms range up to five years or greater for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. If a terminated participant's vested balance is less than or equal to \$5,000, the amount may be automatically distributed in the form of lump sum payment. In addition, the Plan allows for hardship distributions if certain criteria are met.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$143 and \$527, respectively. These accounts will be used to reduce future employer contributions. During 2024, employer contributions were reduced by \$530, from forfeited nonvested accounts, in accordance with plan provisions.

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment consultants, trustees and custodians, as applicable. See Note 3 for discussion of fair value measurements.

The Plan's investments in fully benefit-responsive investment contracts are reported 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.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred.

Payment of Benefits

Benefits are recorded when paid.

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. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

Subsequent Events

Subsequent events were evaluated through June 11, 2025, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in 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 maximize the use of relevant observables and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

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 U.S. 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.

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

CREF separate accounts and TIAA Access accounts: Valued based on NAV per unit of participation in the accounts. The NAV is based on the fair value of the underlying investments held by the account less its liabilities and is considered to be a readily determinable fair value (RDFV). The accounts invest principally in equity securities, fixed income instruments and short-term instruments in accordance with each account's investment objectives.

Investments measured at net asset value: Consisting of a pooled separate account, valued at the NAV of units of a bank collective trust. The NAV, as provided by a custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Investment contracts at fair value: The guaranteed annuity contracts consist of the TIAA Traditional Annuity Account's RA and GRA subaccounts and are reported at fair value, which approximates contract value per TIAA, based on TIAA's ability to pay the guaranteed claims in accordance with the terms of the contract. As of December 31, 2024, TIAA's credit ratings were as follows: A++ by A.M. Best Company, AAA by Fitch Ratings, Aa1 by Moody's Investors Service and AA+ by Standard & Poor's. The high credit ratings of TIAA as of the measurement date uphold their ability to meet obligations set forth in the contract.

Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate, which correlates closely with the historical crediting rates.

The TIAA Traditional Annuity Account has redemption restrictions based on the terms of the underlying contract selected by the participant and loan agreements with participants and claims against the contracts are solely supported by TIAA's ability to pay on such claims. The redemption restrictions do not have a material impact on the contract value.

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market funds	\$ 488,239	\$ -	\$ -	\$ 488,239
Mutual funds	11,880,079	-	-	11,880,079
Pooled separate accounts valued at RDFV	-	6,638,551	-	6,638,551
Investment contracts at fair value	-	-	2,080,858	2,080,858
Variable annuity accounts	-	2,477,212	-	2,477,212
Total assets in the fair value hierarchy	12,368,318	9,115,763	2,080,858	23,564,939
Investments measured at net asset value (a)	-	-	-	240,754
Total investments at fair value	\$ 12,368,318	\$ 9,115,763	\$ 2,080,858	\$ 23,805,693

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Money market funds	\$ 654,914	\$ -	\$ -	\$ 654,914
Mutual funds	11,535,708	-	-	11,535,708
Pooled separate accounts valued at RDFV	-	5,625,569	-	5,625,569
Investment contracts at fair value	-	-	2,044,587	2,044,587
Variable annuity accounts	-	1,927,590	-	1,927,590
Total assets in the fair value hierarchy	12,190,622	7,553,159	2,044,587	21,788,368
Investments measured at net asset value (a)	-	-	-	220,462
Total investments at fair value	\$ 12,190,622	\$ 7,553,159	\$ 2,044,587	\$ 22,008,830

(a) Certain investments that were measured at NAV per share (or its equivalent) 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 line items presented in the Statements of Net Assets Available for Benefits.

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

Changes in Fair Value of Level 3 Assets

The following table summarizes information about the Plan's Level 3 asset in 2024:

Description	2024
Purchases	\$ 136,569
Issuances	-
Transfer in/out of Level 3	60,341

Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table presents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2024 and 2023, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value December 31, 2024	Fair Value December 31, 2023	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Guaranteed annuity contract	\$ 2,080,858	\$ 2,044,587	Discounted cash flow	Risk-adjusted discount rate	2024: RA & GRA - 4.75 - 6.00% 2023: RA & GRA - 6.00 - 6.50%	2024: RA & GRA - 5.23% 2023: RA & GRA - 6.22%

Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Pooled separate account	\$ 240,754	N/A	Daily	Once per calendar quarter

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Pooled separate account	\$ 220,462	N/A	Daily	Once per calendar quarter

4. Concentrations

At December 31, 2024 and 2023, the Plan had \$2,472,019 and \$2,257,486 that was concentrated in one investment.

5. Fully Benefit-Responsive Investment Contracts

The Plan offers the option to invest in the TIAA Traditional Annuity Account, a guaranteed annuity contract with TIAA. Plan participants enter into this contractual agreement with TIAA by selecting a TIAA Traditional Annuity Account. Participants of the Plan previously invested in the following transitional accounts: Supplemental Retirement Annuity (SRA), Group Supplemental Retirement Annuity (GSRA), Group Retirement Annuity (GRA) or Retirement Annuity (RA).

The SRA and GSRA are considered fully benefit-responsive and are reported at contract value. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The GRA and RA are considered non fully-benefit responsive and are reported at fair value, as disclosed in Note 3.

The TIAA Traditional Annuity Account is a guaranteed annuity contract with a fixed rate of interest. Interest is credited to the account and accumulations include a guaranteed rate, plus discretionary additional amounts determined annually by the TIAA Board of Trustees. The additional amounts, when declared, remain in effect through the "declaration year," which begins each March 1. The guaranteed annual interest rate is 3% for all premiums remitted since 1979 under all TIAA Traditional Annuity accumulating contracts. For those accounts, the guaranteed rate is between 1% and 3%. They are not a portfolio of contracts whose yields are based on changes in fair value of underlying assets, therefore the average yield earned by the Plan is the interest earned on the group annuity contract.

There are no reserves against contract value for credit risk of TIAA or otherwise. The crediting interest rate is based on a formula agreed upon by TIAA, which will not be less than zero. Such interest rates are reviewed on an annual basis for resetting. The TIAA Traditional Annuity Account does not permit TIAA to terminate the agreement prior to the scheduled maturity date.

Certain events might limit the ability of the Plan to transact at contract value with TIAA. These events may be different under each contract. Examples of such events include the following: (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, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract.

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

In addition, certain events allow TIAA to terminate the contract with the Plan and settle at an amount different from contract value. These events may be different under each contract. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of TIAA.

6. Information Certified by Custodians and Trustees

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, TIAA and CREF, Fidelity and Ascensus, LLC (Ascensus), the Custodians and Trustees of the Plan, have certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

7. Related-Party and Party in Interest Transactions

Certain Plan investments are managed by TIAA and CREF, Fidelity and Ascensus the Custodians and Trustees, and therefore, these transactions qualify as party in interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan.

8. 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, participants would become 100% vested in their employer contributions.

Goldey-Beacom College 403(b) Plan

Notes to Financial Statements

December 31, 2024 and 2023

9. Tax Status

The Plan adopted a volume submitter plan offered by TIAA stating that the written form of the underlying specimen plan is qualified under Section 403(b) of the IRC. The volume submitter plan received an Opinion (Advisory) Letter dated August 7, 2017, that the Plan is designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the Opinion (Advisory) Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

Plan management is required 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. 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.

11. Delinquent Participant Contributions

For the years ended December 31, 2024 and 2023, the Organization did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions, which totaled \$109 and \$351, in 2024 and 2023. Additionally, the Organization will be compensating participants for lost earnings resulting from the delay in contributions.

Goldey-Beacom College 403(b) Plan

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions

EIN: 51-0109178 Plan Number: 002

Year Ended December 31, 2024

Total That Constitute Nonexempt Prohibited Transactions					
Period	Participant Contributions Transferred Late to the Plan (1)	Contributions not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2024	\$ 109	\$ -	\$ 109	\$ -	\$ -
2023	351	-	351	-	-
	\$ 460	\$ -	\$ 460	\$ -	\$ -

(1) Amount does not include participant loan repayments.

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(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
Guaranteed Annuity Contracts				
*	TIAA	TIAA Traditional - Fully Benefit-Responsive	N/R	\$ 38,739
*	TIAA	TIAA Traditional - Non-fully Benefit-Responsive	N/R	2,080,858
Pool Separate Account				
*	TIAA	TIAA Real Estate	N/R	240,754
Separate Accounts				
*	CREF	CREF Stock R1	N/R	2,472,019
*	CREF	CREF Social Choice R1	N/R	307,596
*	CREF	CREF Global Equities R1	N/R	826,030
*	CREF	CREF Growth R1	N/R	1,406,540
*	CREF	CREF Equity Index R1	N/R	1,136,831
*	CREF	CREF Inflation-Linked Bond R1	N/R	90,652
*	CREF	CREF Core Bond R1	N/R	398,883
Variable Annuity Accounts				
*	TIAA	TIAA Access Nuv Equity Idx T4	N/R	21,189
*	TIAA	TIAA Access Nuv Core Equity T4	N/R	61,925
*	TIAA	TIAA Access Nuv Intl Equity T4	N/R	70,642
*	TIAA	TIAA Access Nuv LfCy Rt Inc T4	N/R	114,684
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4	N/R	62,148
*	TIAA	TIAA Access Nuv Lrg Cap Val T4	N/R	52,178
*	TIAA	TIAA Access Nuv LifCyc 2010 T4	N/R	6,355
*	TIAA	TIAA Access Nuv LifCyc 2015 T4	N/R	11,461
*	TIAA	TIAA Access Nuv LifCyc 2020 T4	N/R	1,000
*	TIAA	TIAA Access Nuv LifCyc 2025 T4	N/R	449,518
*	TIAA	TIAA Access Nuv LifCyc 2030 T4	N/R	149,017
*	TIAA	TIAA Access Nuv LifCyc 2035 T4	N/R	94,850
*	TIAA	TIAA Access Nuv LifCyc 2040 T4	N/R	98,976
*	TIAA	TIAA Access Nuv LifCyc 2045 T4	N/R	718,561
*	TIAA	TIAA Access Nuv LifCyc 2050 T4	N/R	218,102
*	TIAA	TIAA Access Nuv Mid Cap Grw T4	N/R	8,815
*	TIAA	TIAA Access Nuv Mid Cap Val T4	N/R	85,691
*	TIAA	TIAA Access Nuv RIEstSecSel T4	N/R	28,856
*	TIAA	TIAA Access Nuv Sm Cp BI Ix T4	N/R	46,770
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4	N/R	41,762
*	TIAA	TIAA Access Nuv LgCp Res Eq T4	N/R	343
*	TIAA	TIAA Access Nuv Core PI Bd T4	N/R	38,405
*	TIAA	TIAA Access Nuv LifCyc 2060 T4	N/R	22,820
*	TIAA	TIAA Access Nuv LifCyc 2055 T4	N/R	73,144

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(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
Mutual Funds				
*	Fidelity	Fid Fidelity Fund	N/R	\$ 17,549
*	Fidelity	Fid Puritan	N/R	320,032
*	Fidelity	Fid Sel Tec Hardware	N/R	2,586
*	Fidelity	Fid Sel Semiconduct	N/R	19,613
*	Fidelity	Fid Value Strat	N/R	3,354
*	Fidelity	Fid GNMA	N/R	18,419
*	Fidelity	Fid Magellan	N/R	126,578
*	Fidelity	Fid Contrafund	N/R	621,437
*	Fidelity	Fid Equity Inc	N/R	46,978
*	Fidelity	Fid Growth Company	N/R	511,043
*	Fidelity	Fid Invst GR BD	N/R	341,387
*	Fidelity	Fid Growth & Inc	N/R	124,519
*	Fidelity	Fid Sel Software	N/R	10,305
*	Fidelity	Fid Intermed Bond	N/R	52,913
*	Fidelity	Fid Capital & Income	N/R	90,588
*	Fidelity	Fid Value	N/R	122,033
*	Fidelity	Fid Mortgage SEC	N/R	27,940
*	Fidelity	Fid Sel Gold	N/R	717,142
*	Fidelity	Fid Sel Biotech	N/R	4,134
*	Fidelity	Fid Govt Income	N/R	4,506
*	Fidelity	Fid Sel Energy	N/R	18,620
*	Fidelity	Fid Sel Leisure	N/R	31,928
*	Fidelity	Fid Sel Healthcare	N/R	108,104
*	Fidelity	Fid Sel Technology	N/R	25,601
*	Fidelity	Fid Sel Utilities	N/R	9,878
*	Fidelity	Fidelity Financials	N/R	1,807
*	Fidelity	Fid Sel Chemicals	N/R	63,157
*	Fidelity	Fid OTC Portfolio	N/R	294,331
*	Fidelity	Fid Overseas	N/R	106,004
*	Fidelity	Fid Sel Telecomm	N/R	1,015
*	Fidelity	Fid Sel Fintech	N/R	25,606
*	Fidelity	Fid Levergd Co Stk	N/R	12,079
*	Fidelity	Fid New Millen	N/R	11,415
*	Fidelity	Fid Europe	N/R	5,236
*	Fidelity	Fid Pacific Basin	N/R	10,558
*	Fidelity	Fid Real Estate Invs	N/R	11,372
*	Fidelity	Fid Balanced	N/R	230,361
*	Fidelity	Fid Intl Discovery	N/R	10,726
*	Fidelity	Fid Blue Chip Gr	N/R	982,359

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Fid Asset Mgr 50%	N/R	\$ 17,074
*	Fidelity	Fid Low Priced Stk	N/R	134,723
*	Fidelity	Fid Worldwide	N/R	30,335
*	Fidelity	Fid Eq Div Income	N/R	3,204
*	Fidelity	Fid Asset Mgr 70%	N/R	207,127
*	Fidelity	Fid Emerging Mkts	N/R	5,071
*	Fidelity	Fid Growth Strat	N/R	101,259
*	Fidelity	Fid Asset Mgr 20%	N/R	3,834
*	Fidelity	Fid Dividend Gr	N/R	149,554
*	Fidelity	Fid New Markets Inc	N/R	46,170
*	Fidelity	Fid Intl Cap Apprec	N/R	63,039
*	Fidelity	Fid Stk Sel Sm Cap	N/R	3,913
*	Fidelity	Fid Mid Cap Stock	N/R	32,031
*	Fidelity	Fid Large Cap Stock	N/R	180,322
*	Fidelity	Fid Small Cap Stock	N/R	9,894
*	Fidelity	Fid Asset Mgr 85%	N/R	730,834
*	Fidelity	Fid Emerging Asia	N/R	1,453
*	Fidelity	Fid China Region	N/R	2,178
*	Fidelity	Fid Sel Ent Tech Svc	N/R	13,197
*	Fidelity	Fid Multi Asset Idx	N/R	38,984
*	Fidelity	Fid Short Term Bond	N/R	3,165
*	Fidelity	Fid Intm Govt Income	N/R	18,014
*	Fidelity	Fid Sel Comm Serv	N/R	33,078
*	Fidelity	Fid Sel Banking	N/R	27,035
*	Fidelity	Fid Sel Constr/House	N/R	7,791
*	Fidelity	Fid Sel Transport	N/R	308
*	Fidelity	Fid Sel Industrials	N/R	579
*	Fidelity	Fid Env Alt Energy	N/R	18,345
*	Fidelity	Fid Mid Cap Value	N/R	53,893
*	Fidelity	Fid Total Bond	N/R	12,727
*	Fidelity	Fid Value Discov	N/R	72,473
*	Fidelity	Fid Sel Wireless	N/R	27,924
*	Fidelity	Fid Blue Chip Value	N/R	14,766
*	Fidelity	Fid NASDAQ Comp Indx	N/R	257,028
*	Fidelity	Fid Strat Div & Inc	N/R	12,483
*	Fidelity	Fid Small Cap Growth	N/R	49,748

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Fid Small Cap Value	N/R	\$ 53,846
*	Fidelity	Fid Intl Value	N/R	3,459
*	Fidelity	Fid Asset Mgr 60%	N/R	15,773
*	Fidelity	Fid Intl Growth	N/R	3,167
*	Fidelity	Fid GLB Comdty Stk	N/R	38,109
*	Fidelity	Fid US Bond Idx	N/R	1,188
*	Fidelity	Fid 500 Index	N/R	343,834
*	Fidelity	Fid Mid Cap Idx	N/R	8,935
*	Fidelity	Fid Real Estate Idx	N/R	1,079
*	Fidelity	Fid Sm Cap Idx	N/R	92,219
*	Fidelity	Fid Total Mkt Idx	N/R	241,263
*	Fidelity	Fid Intl Index	N/R	47,823
*	Fidelity	Fid Extd Mkt Idx	N/R	26,311
*	Fidelity	Fid Emerg Mkts Disc	N/R	91,024
*	Fidelity	Fid Stk Sel Mid Cap	N/R	3,118
*	Fidelity	Fid Freedom Idx 2040 IPR	N/R	80,711
*	Fidelity	Fid Freedom Inc K	N/R	15,081
*	Fidelity	Fid Freedom 2010 K	N/R	16,489
*	Fidelity	Fid Freedom 2020 K	N/R	410,804
*	Fidelity	Fid Freedom 2025 K	N/R	44,037
*	Fidelity	Fid Freedom 2030 K	N/R	928,079
*	Fidelity	Fid Freedom 2035 K	N/R	185,280
*	Fidelity	Fid Freedom 2040 K	N/R	214,168
*	Fidelity	Fid Freedom 2045 K	N/R	150,705
*	Fidelity	Fid Freedom 2050 K	N/R	273,372
*	Fidelity	Fid Freedom 2055 K	N/R	253,681
*	Fidelity	Fid Freedom 2060 K	N/R	259,848
*	Fidelity	Fid Strategic Income	N/R	70,927
*	Fidelity	Fid Freedom 2065 K	N/R	32,248
*	Fidelity	Fid Freedom Idx 2065 IPR	N/R	2,991
*	Vanguard	Vanguard Dividend Growth Inv	N/R	10,013
*	Vanguard	Vanguard Global Equity Inv	N/R	6,698
*	Vanguard	Vanguard High Dividend Yield Index Adm	N/R	12,635

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(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
*	Vanguard	Vanguard Large Cap Index Adm	N/R	\$ 5,170
*	Vanguard	Vanguard Small-Cap Value Index Adm	N/R	13,541
*	Vanguard	Vanguard Target Retirement 2030 Fund	N/R	382,300
*	Vanguard	Vanguard International Value Inv	N/R	3,488
*	Vanguard	Vanguard Windsor Inv	N/R	9,899
Money Market Accounts				
*	CREF	CREF Money Market R1	N/R	247,213
*	Fidelity	Fid Gov Cash Reserve	N/R	7,305
*	Fidelity	Fid Govt MMKT	N/R	182,324
*	Fidelity	Fid Govt MMRK PRM	N/R	33,303
*	Vanguard	Vanguard Cash Reserves Federal MM Adm	N/R	18,094
Participant Loans				
*		Interest rates: 4.25%- 9.50%	\$0	16,828
				\$ 23,861,260

*A party in interest as defined by ERISA

N/R - cost omitted for participant directed investments

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(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
Guaranteed Annuity Contracts				
*	TIAA	TIAA Traditional - Fully Benefit-Responsive	N/R	\$ 38,739
*	TIAA	TIAA Traditional - Non-fully Benefit-Responsive	N/R	2,080,858
Pool Separate Account				
*	TIAA	TIAA Real Estate	N/R	240,754
Separate Accounts				
*	CREF	CREF Stock R1	N/R	2,472,019
*	CREF	CREF Social Choice R1	N/R	307,596
*	CREF	CREF Global Equities R1	N/R	826,030
*	CREF	CREF Growth R1	N/R	1,406,540
*	CREF	CREF Equity Index R1	N/R	1,136,831
*	CREF	CREF Inflation-Linked Bond R1	N/R	90,652
*	CREF	CREF Core Bond R1	N/R	398,883
Variable Annuity Accounts				
*	TIAA	TIAA Access Nuv Equity Idx T4	N/R	21,189
*	TIAA	TIAA Access Nuv Core Equity T4	N/R	61,925
*	TIAA	TIAA Access Nuv Intl Equity T4	N/R	70,642
*	TIAA	TIAA Access Nuv LfCy Rt Inc T4	N/R	114,684
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4	N/R	62,148
*	TIAA	TIAA Access Nuv Lrg Cap Val T4	N/R	52,178
*	TIAA	TIAA Access Nuv LifCyc 2010 T4	N/R	6,355
*	TIAA	TIAA Access Nuv LifCyc 2015 T4	N/R	11,461
*	TIAA	TIAA Access Nuv LifCyc 2020 T4	N/R	1,000
*	TIAA	TIAA Access Nuv LifCyc 2025 T4	N/R	449,518
*	TIAA	TIAA Access Nuv LifCyc 2030 T4	N/R	149,017
*	TIAA	TIAA Access Nuv LifCyc 2035 T4	N/R	94,850
*	TIAA	TIAA Access Nuv LifCyc 2040 T4	N/R	98,976
*	TIAA	TIAA Access Nuv LifCyc 2045 T4	N/R	718,561
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*	TIAA	TIAA Access Nuv Mid Cap Grw T4	N/R	8,815
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*	TIAA	TIAA Access Nuv RIEstSecSel T4	N/R	28,856
*	TIAA	TIAA Access Nuv Sm Cp BI Ix T4	N/R	46,770
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4	N/R	41,762
*	TIAA	TIAA Access Nuv LgCp Res Eq T4	N/R	343
*	TIAA	TIAA Access Nuv Core PI Bd T4	N/R	38,405
*	TIAA	TIAA Access Nuv LifCyc 2060 T4	N/R	22,820
*	TIAA	TIAA Access Nuv LifCyc 2055 T4	N/R	73,144

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(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
Mutual Funds				
*	Fidelity	Fid Fidelity Fund	N/R	\$ 17,549
*	Fidelity	Fid Puritan	N/R	320,032
*	Fidelity	Fid Sel Tec Hardware	N/R	2,586
*	Fidelity	Fid Sel Semiconduct	N/R	19,613
*	Fidelity	Fid Value Strat	N/R	3,354
*	Fidelity	Fid GNMA	N/R	18,419
*	Fidelity	Fid Magellan	N/R	126,578
*	Fidelity	Fid Contrafund	N/R	621,437
*	Fidelity	Fid Equity Inc	N/R	46,978
*	Fidelity	Fid Growth Company	N/R	511,043
*	Fidelity	Fid Invst GR BD	N/R	341,387
*	Fidelity	Fid Growth & Inc	N/R	124,519
*	Fidelity	Fid Sel Software	N/R	10,305
*	Fidelity	Fid Intermed Bond	N/R	52,913
*	Fidelity	Fid Capital & Income	N/R	90,588
*	Fidelity	Fid Value	N/R	122,033
*	Fidelity	Fid Mortgage SEC	N/R	27,940
*	Fidelity	Fid Sel Gold	N/R	717,142
*	Fidelity	Fid Sel Biotech	N/R	4,134
*	Fidelity	Fid Govt Income	N/R	4,506
*	Fidelity	Fid Sel Energy	N/R	18,620
*	Fidelity	Fid Sel Leisure	N/R	31,928
*	Fidelity	Fid Sel Healthcare	N/R	108,104
*	Fidelity	Fid Sel Technology	N/R	25,601
*	Fidelity	Fid Sel Utilities	N/R	9,878
*	Fidelity	Fidelity Financials	N/R	1,807
*	Fidelity	Fid Sel Chemicals	N/R	63,157
*	Fidelity	Fid OTC Portfolio	N/R	294,331
*	Fidelity	Fid Overseas	N/R	106,004
*	Fidelity	Fid Sel Telecomm	N/R	1,015
*	Fidelity	Fid Sel Fintech	N/R	25,606
*	Fidelity	Fid Levergd Co Stk	N/R	12,079
*	Fidelity	Fid New Millen	N/R	11,415
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*	Fidelity	Fid Pacific Basin	N/R	10,558
*	Fidelity	Fid Real Estate Invs	N/R	11,372
*	Fidelity	Fid Balanced	N/R	230,361
*	Fidelity	Fid Intl Discovery	N/R	10,726
*	Fidelity	Fid Blue Chip Gr	N/R	982,359

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(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
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*	Fidelity	Fid Low Priced Stk	N/R	134,723
*	Fidelity	Fid Worldwide	N/R	30,335
*	Fidelity	Fid Eq Div Income	N/R	3,204
*	Fidelity	Fid Asset Mgr 70%	N/R	207,127
*	Fidelity	Fid Emerging Mkts	N/R	5,071
*	Fidelity	Fid Growth Strat	N/R	101,259
*	Fidelity	Fid Asset Mgr 20%	N/R	3,834
*	Fidelity	Fid Dividend Gr	N/R	149,554
*	Fidelity	Fid New Markets Inc	N/R	46,170
*	Fidelity	Fid Intl Cap Apprec	N/R	63,039
*	Fidelity	Fid Stk Sel Sm Cap	N/R	3,913
*	Fidelity	Fid Mid Cap Stock	N/R	32,031
*	Fidelity	Fid Large Cap Stock	N/R	180,322
*	Fidelity	Fid Small Cap Stock	N/R	9,894
*	Fidelity	Fid Asset Mgr 85%	N/R	730,834
*	Fidelity	Fid Emerging Asia	N/R	1,453
*	Fidelity	Fid China Region	N/R	2,178
*	Fidelity	Fid Sel Ent Tech Svc	N/R	13,197
*	Fidelity	Fid Multi Asset Idx	N/R	38,984
*	Fidelity	Fid Short Term Bond	N/R	3,165
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*	Fidelity	Fid Sel Transport	N/R	308
*	Fidelity	Fid Sel Industrials	N/R	579
*	Fidelity	Fid Env Alt Energy	N/R	18,345
*	Fidelity	Fid Mid Cap Value	N/R	53,893
*	Fidelity	Fid Total Bond	N/R	12,727
*	Fidelity	Fid Value Discov	N/R	72,473
*	Fidelity	Fid Sel Wireless	N/R	27,924
*	Fidelity	Fid Blue Chip Value	N/R	14,766
*	Fidelity	Fid NASDAQ Comp Indx	N/R	257,028
*	Fidelity	Fid Strat Div & Inc	N/R	12,483
*	Fidelity	Fid Small Cap Growth	N/R	49,748

Goldey-Beacom College 403(b) Plan

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December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Fid Small Cap Value	N/R	\$ 53,846
*	Fidelity	Fid Intl Value	N/R	3,459
*	Fidelity	Fid Asset Mgr 60%	N/R	15,773
*	Fidelity	Fid Intl Growth	N/R	3,167
*	Fidelity	Fid GLB Comdty Stk	N/R	38,109
*	Fidelity	Fid US Bond Idx	N/R	1,188
*	Fidelity	Fid 500 Index	N/R	343,834
*	Fidelity	Fid Mid Cap Idx	N/R	8,935
*	Fidelity	Fid Real Estate Idx	N/R	1,079
*	Fidelity	Fid Sm Cap Idx	N/R	92,219
*	Fidelity	Fid Total Mkt Idx	N/R	241,263
*	Fidelity	Fid Intl Index	N/R	47,823
*	Fidelity	Fid Extd Mkt Idx	N/R	26,311
*	Fidelity	Fid Emerg Mkts Disc	N/R	91,024
*	Fidelity	Fid Stk Sel Mid Cap	N/R	3,118
*	Fidelity	Fid Freedom Idx 2040 IPR	N/R	80,711
*	Fidelity	Fid Freedom Inc K	N/R	15,081
*	Fidelity	Fid Freedom 2010 K	N/R	16,489
*	Fidelity	Fid Freedom 2020 K	N/R	410,804
*	Fidelity	Fid Freedom 2025 K	N/R	44,037
*	Fidelity	Fid Freedom 2030 K	N/R	928,079
*	Fidelity	Fid Freedom 2035 K	N/R	185,280
*	Fidelity	Fid Freedom 2040 K	N/R	214,168
*	Fidelity	Fid Freedom 2045 K	N/R	150,705
*	Fidelity	Fid Freedom 2050 K	N/R	273,372
*	Fidelity	Fid Freedom 2055 K	N/R	253,681
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*	Fidelity	Fid Strategic Income	N/R	70,927
*	Fidelity	Fid Freedom 2065 K	N/R	32,248
*	Fidelity	Fid Freedom Idx 2065 IPR	N/R	2,991
*	Vanguard	Vanguard Dividend Growth Inv	N/R	10,013
*	Vanguard	Vanguard Global Equity Inv	N/R	6,698
*	Vanguard	Vanguard High Dividend Yield Index Adm	N/R	12,635

Goldey-Beacom College 403(b) Plan

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

EIN: 51-0109178 Plan Number: 002

December 31, 2024

(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
*	Vanguard	Vanguard Large Cap Index Adm	N/R	\$ 5,170
*	Vanguard	Vanguard Small-Cap Value Index Adm	N/R	13,541
*	Vanguard	Vanguard Target Retirement 2030 Fund	N/R	382,300
*	Vanguard	Vanguard International Value Inv	N/R	3,488
*	Vanguard	Vanguard Windsor Inv	N/R	9,899
Money Market Accounts				
*	CREF	CREF Money Market R1	N/R	247,213
*	Fidelity	Fid Gov Cash Reserve	N/R	7,305
*	Fidelity	Fid Govt MMKT	N/R	182,324
*	Fidelity	Fid Govt MMRK PRM	N/R	33,303
*	Vanguard	Vanguard Cash Reserves Federal MM Adm	N/R	18,094
Participant Loans				
*		Interest rates: 4.25%- 9.50%	\$0	16,828
				\$ 23,861,260

*A party in interest as defined by ERISA

N/R - cost omitted for participant directed investments

Goldey-Beacom College 403(b) Plan

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions

EIN: 51-0109178 Plan Number: 002

Year Ended December 31, 2024

Total That Constitute Nonexempt Prohibited Transactions					
Period	Participant Contributions Transferred Late to the Plan (1)	Contributions not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2024	\$ 109	\$ -	\$ 109	\$ -	\$ -
2023	351	-	351	-	-
	\$ 460	\$ -	\$ 460	\$ -	\$ -

(1) Amount does not include participant loan repayments.

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="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here <input type="checkbox"/> <input type="checkbox"/>
D	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>

Part II	Basic Plan Information - enter all requested information	
1a	Name of plan GOLDEY-BEACOM COLLEGE 403(B) PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 07/01/1980
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) GOLDEY-BEACOM COLLEGE, INC. 4701 LIMESTONE ROAD WILMINGTON DE 19808-1927	2b Employer Identification Number (EIN) 51-0109178 2c Plan Sponsor's telephone number 302-998-8814 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		Date	SUSAN M. MANNERING
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	
	Signature of DFE		Enter name of individual signing as DFE

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v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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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
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5 Total number of participants at the beginning of the plan year	5	253
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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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		
	6a(1)	121
	6a(2)	161
	6b	3
	6c	121
	6d	285
	6e	0
	6f	285
	6g(1)	243
	6g(2)	236
	6h	3

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:
 2F 2G 2L 2M 2T

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

b General Schedules

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