

|                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="text-align: center; font-size: large;"><b>2024</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1a</b> Name of plan<br/><u>EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN</u></p>                                                                                                                                                                                                                                                                               | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>                                                                                                                                                                                                                             |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>EMERSON COLLEGE</u></p> <p><u>120 BOYLSTON ST</u><br/><u>BOSTON, MA 02116-4611</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/1963</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>04-1286950</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>617-824-8580</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>611000</u></p> |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/30/2025 | ANN MARIE DRISCOLL                                           |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN                              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b>                                   | 1866 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 1011 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b>                               | 638  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6b</b>                                  | 15   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b>                                  | 1249 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6d</b>                                  | 1902 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6e</b>                                  | 6    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6f</b>                                  | 1908 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6g(1)</b>                               | 1866 |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1908                                       |      |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                          |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b>                                   |      |

**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 2R 2T 2M

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

|                                                                         |                                                                         |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> 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)

|                                                                                                                                                                |                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b>                                                                                                                                     | <b>b General Schedules</b>                                                                          |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                 | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____                                                                  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)                                                                        | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)               |
|                                                                                                                                                                | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                             |

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

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**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.

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

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

|                                                                                                 |                                                                            |                   |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><b>EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN</b></p>               | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>EMERSON COLLEGE</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>04-1286950</b></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  
**VARIABLE ANNUITY LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 74-1625348 | 70238         | 44326                                 | 89                                                                          | 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.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---------------------------------------------|--------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>                                                                                                                                                                                                                                   |                     |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|                            | 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.                                                                                                                       |                     |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                                        | 3760187             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                                           | 7303845             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>                                                                                                                                                                                                                                               |                     |
| <b>a</b>                   | State the basis of premium rates ▶                                                                                                                                                                                                                                                   |                     |
| <b>b</b>                   | Premiums paid to carrier .....                                                                                                                                                                                                                                                       | <b>6b</b>           |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                                                 | <b>6c</b>           |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶                                                                                | <b>6d</b>           |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                        |                     |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                                                    |                     |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>                                                                                                                                                                 |                     |
| <b>a</b>                   | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                     |
| <b>b</b>                   | Balance at the end of the previous year .....                                                                                                                                                                                                                                        | <b>7b</b> 4013966   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                                         | <b>7c(1)</b>        |
|                            | (2) Dividends and credits.....                                                                                                                                                                                                                                                       | <b>7c(2)</b>        |
|                            | (3) Interest credited during the year.....                                                                                                                                                                                                                                           | <b>7c(3)</b> 150815 |
|                            | (4) Transferred from separate account .....                                                                                                                                                                                                                                          | <b>7c(4)</b> 5511   |
|                            | (5) Other (specify below).....<br>▶                                                                                                                                                                                                                                                  | <b>7c(5)</b>        |
|                            | (6) Total additions .....                                                                                                                                                                                                                                                            | <b>7c(6)</b> 156326 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                                         | <b>7d</b> 4170292   |
| <b>e</b>                   | Deductions:                                                                                                                                                                                                                                                                          |                     |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                                      | <b>7e(1)</b> 409908 |
|                            | (2) Administration charge made by carrier.....                                                                                                                                                                                                                                       | <b>7e(2)</b> 197    |
|                            | (3) Transferred to separate account .....                                                                                                                                                                                                                                            | <b>7e(3)</b>        |
|                            | (4) Other (specify below).....<br>▶                                                                                                                                                                                                                                                  | <b>7e(4)</b>        |
| (5) Total deductions ..... | <b>7e(5)</b> 410105                                                                                                                                                                                                                                                                  |                     |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                                                                        | <b>7f</b> 3760187   |

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

**9** Experience-rated contracts:

|                                                                                                                                                                                                                                 |                 |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                                                                                                    | <b>9a(1)</b>    |                 |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                                                                                                          | <b>9a(2)</b>    |                 |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                                                                                                       | <b>9a(3)</b>    |                 |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                                                                                              |                 | <b>9a(4)</b>    |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                                                                                                  | <b>9b(1)</b>    |                 |
| (2) Increase (decrease) in claim reserves .....                                                                                                                                                                                 | <b>9b(2)</b>    |                 |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                                                                                                     |                 | <b>9b(3)</b>    |
| (4) Claims charged .....                                                                                                                                                                                                        |                 | <b>9b(4)</b>    |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                                                                                                   |                 |                 |
| (A) Commissions .....                                                                                                                                                                                                           | <b>9c(1)(A)</b> |                 |
| (B) Administrative service or other fees .....                                                                                                                                                                                  | <b>9c(1)(B)</b> |                 |
| (C) Other specific acquisition costs .....                                                                                                                                                                                      | <b>9c(1)(C)</b> |                 |
| (D) Other expenses .....                                                                                                                                                                                                        | <b>9c(1)(D)</b> |                 |
| (E) Taxes .....                                                                                                                                                                                                                 | <b>9c(1)(E)</b> |                 |
| (F) Charges for risks or other contingencies .....                                                                                                                                                                              | <b>9c(1)(F)</b> |                 |
| (G) Other retention charges .....                                                                                                                                                                                               | <b>9c(1)(G)</b> |                 |
| (H) Total retention .....                                                                                                                                                                                                       |                 | <b>9c(1)(H)</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....                                                                              |                 | <b>9c(2)</b>    |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                                                                                             |                 | <b>9d(1)</b>    |
| (2) Claim reserves .....                                                                                                                                                                                                        |                 | <b>9d(2)</b>    |
| (3) Other reserves .....                                                                                                                                                                                                        |                 | <b>9d(3)</b>    |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                                                                                                        |                 | <b>9e</b>       |
| <b>10</b> Nonexperience-rated contracts:                                                                                                                                                                                        |                 |                 |
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           |                 | <b>10a</b>      |
| <b>b</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. .... |                 | <b>10b</b>      |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|                                                                                         |                                                                    |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN</b>               | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EMERSON COLLEGE</b> | <b>D</b> Employer Identification Number (EIN)<br><b>04-1286950</b> |

**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>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|-------------------|
|                   |                      |                                              |                                                                                    | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>13-1624203</b> | <b>69345</b>         | <b>104156</b>                                | <b>560</b>                                                                         | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---------------------------------------------|--------------------------------------|

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|----------------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|                                                      |                                        |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|----------------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount                      | <b>(d)</b> 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 |                       |
|                                               |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>                                                                                                                                                                                                                                   |                      |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|                            | 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.                                                                                                                       |                      |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                                        | 23738380             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                                           | 50309991             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>                                                                                                                                                                                                                                               |                      |
| <b>a</b>                   | State the basis of premium rates ▶                                                                                                                                                                                                                                                   |                      |
| <b>b</b>                   | Premiums paid to carrier .....                                                                                                                                                                                                                                                       | <b>6b</b>            |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                                                 | <b>6c</b>            |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶                                                                                | <b>6d</b>            |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                        |                      |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                                                    |                      |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>                                                                                                                                                                 |                      |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                      |
| <b>b</b>                   | Balance at the end of the previous year .....                                                                                                                                                                                                                                        | <b>7b</b> 24260305   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                                         | <b>7c(1)</b> 3001    |
|                            | (2) Dividends and credits.....                                                                                                                                                                                                                                                       | <b>7c(2)</b>         |
|                            | (3) Interest credited during the year.....                                                                                                                                                                                                                                           | <b>7c(3)</b> 1006830 |
|                            | (4) Transferred from separate account .....                                                                                                                                                                                                                                          | <b>7c(4)</b> 1393793 |
|                            | (5) Other (specify below).....<br>▶                                                                                                                                                                                                                                                  | <b>7c(5)</b>         |
|                            | (6) Total additions .....                                                                                                                                                                                                                                                            | <b>7c(6)</b> 2403624 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                                         | <b>7d</b> 26663929   |
| <b>e</b>                   | <b>Deductions:</b>                                                                                                                                                                                                                                                                   |                      |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                                      | <b>7e(1)</b> 1947281 |
|                            | (2) Administration charge made by carrier.....                                                                                                                                                                                                                                       | <b>7e(2)</b>         |
|                            | (3) Transferred to separate account .....                                                                                                                                                                                                                                            | <b>7e(3)</b> 892522  |
|                            | (4) Other (specify below).....<br>▶ TRANSFERS                                                                                                                                                                                                                                        | <b>7e(4)</b> 85746   |
| (5) Total deductions ..... | <b>7e(5)</b> 2925549                                                                                                                                                                                                                                                                 |                      |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                                                                        | <b>7f</b> 23738380   |

**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:

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

**10** Nonexperience-rated contracts:

|          |                                                                                                                                                                                                                        |            |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|                                                                                         |  |                                                                    |
|-----------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN</b>               |  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EMERSON COLLEGE</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>04-1286950</b> |

**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

**NEW YORK LIFE**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|-------------------|
|                   |                      |                                              |                                                                                    | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>13-5582869</b> | <b>66915</b>         | <b>TA069868</b>                              | <b>1306</b>                                                                        | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---------------------------------------------|--------------------------------------|

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|----------------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|                                                      |                                        |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|----------------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount                      | <b>(d)</b> 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 |                       |
|                                               |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>                                                                                                                                                                                         |                     |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|                            | 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.                                                                             |                     |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                              | 3590399             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                 |                     |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>                                                                                                                                                                                                     |                     |
| <b>a</b>                   | State the basis of premium rates ▶                                                                                                                                                                                                         |                     |
| <b>b</b>                   | Premiums paid to carrier .....                                                                                                                                                                                                             | <b>6b</b>           |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                       | <b>6c</b>           |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶                                      | <b>6d</b>           |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                   |                     |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                          |                     |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>                                                                                                                       |                     |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |                     |
| <b>b</b>                   | Balance at the end of the previous year .....                                                                                                                                                                                              | <b>7b</b> 3375283   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                               | <b>7c(1)</b> 403392 |
|                            | (2) Dividends and credits.....                                                                                                                                                                                                             | <b>7c(2)</b>        |
|                            | (3) Interest credited during the year.....                                                                                                                                                                                                 | <b>7c(3)</b> 100607 |
|                            | (4) Transferred from separate account .....                                                                                                                                                                                                | <b>7c(4)</b>        |
|                            | (5) Other (specify below).....<br>▶ TRANSFER IN AND LOAN PAYMENTS                                                                                                                                                                          | <b>7c(5)</b> 234048 |
|                            | (6) Total additions .....                                                                                                                                                                                                                  | <b>7c(6)</b> 738047 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                               | <b>7d</b> 4113330   |
| <b>e</b>                   | Deductions:                                                                                                                                                                                                                                |                     |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                            | <b>7e(1)</b> 241416 |
|                            | (2) Administration charge made by carrier.....                                                                                                                                                                                             | <b>7e(2)</b> 7083   |
|                            | (3) Transferred to separate account .....                                                                                                                                                                                                  | <b>7e(3)</b>        |
|                            | (4) Other (specify below).....<br>▶ TRANSFER OUT AND LOANS ISSUED                                                                                                                                                                          | <b>7e(4)</b> 274432 |
| (5) Total deductions ..... | <b>7e(5)</b> 522931                                                                                                                                                                                                                        |                     |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                              | <b>7f</b> 3590399   |

**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:

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

**10** Nonexperience-rated contracts:

|          |                                                                                                                                                                                                                        |            |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                         |                                                                    |            |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN</b>               | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EMERSON COLLEGE</b> | <b>D</b> Employer Identification Number (EIN)<br><b>04-1286950</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**TIAA**

**13-1624203**

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

**FIDELITY INVESTMENTS**

**04-2647786**

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

**TRANSAMERICA RETIREMENT SOLUTIONS**

**13-3689044**

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

**VALIC**

**74-1625348**

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

CHARLES SCHWAB & CO., INC.

94-1737782

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**(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

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**(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

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**(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

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

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

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

FIDELITY INVESTMENTS

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65               | RECORDKEEPER                                                                                      | 3700                                                                   | Yes <input type="checkbox"/> No <input checked="" 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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 15 28 37<br>38 50 54 59<br>61 62 63 64<br>65 | RECORD<br>KEEPER                                                                                  | 147182                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 71                  | SECURITIES<br>BROKER                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

TIAA

13-1624203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65               | RECORDKEEPER                                                                                      | 1331                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

VALIC

74-1625348

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65               | RECORDKEEPER                                                                                      | 270                                                                    | Yes <input type="checkbox"/> No <input checked="" 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)

MMA SECURITIES LLC

22-3570392

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 27                  | ADVISOR                                                                                           | 37500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CHARLES SCHWAB & CO., INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 71                  | BROKER                                                                                            | 89                                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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 |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                           | 12 15 28 37 38 50 54 59 61<br>62 63 64 65                                                                                                                          | 0                                         |
| (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. |                                           |
| PARNASSUS<br>1 MARKET ST. STE 1600<br>SAN FRANCISCO, CA 94105               | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                                 | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| PARNASSUS<br>1 MARKET ST. STE 1600<br>SAN FRANCISCO, CA 94105               | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                  | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| DOUBLELINE<br>333 SOUTH GRAND AVENUE<br>18TH FLOOR<br>LOS ANGELES, CA 90071 | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| EIP FUNDS<br>10 WRIGHT STREET<br>SUITE 210<br>WESTPORT, CT 06880    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| T ROWE-PRICE<br>52-2264646                                          | RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| DWS<br>13-3241232                                                   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |

**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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| WILLIAM BLAIR FUNDS<br><br>36-2214610                               | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| AMERICAN CENTURY INVESTMENTS<br><br>43-0821857                      | RATE OF 0.07% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| AMERICAN FUNDS<br><br>90-0924512                                    | RANGE OF 0.12 - 0.35% OF AVERAGE DAILY BALANCE OF ASSETS                                                                                                           |                                           |

**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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| SCHWAB FUNDS<br><br>94-3106735                                      | RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)                                                                                                                               | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 71                                                                                                                                                              | 0                                         |
| (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. |                                           |
| FRANKLIN TEMPLETON INVESTMENTS<br><br>94-3167260                    | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)                                                                                                                 |                                           |
| (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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                                |                                                                    |            |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN</u>                      | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>EMERSON COLLEGE</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-1286950</u> |            |

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

|                                                                        |                               |                                                                                                                    |
|------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u> |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>     |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>13-1624203-004</u>                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2492223</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                        | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                        | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                        | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                        | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                        | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                        | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|                                                                                         |  |                                                                    |            |
|-----------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN</u>               |  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EMERSON COLLEGE</u> |  | <b>D</b> Employer Identification Number (EIN)<br><u>04-1286950</u> |            |

**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.

| <b>Assets</b>                                                                                      |                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|----------------------------------------------------------------------------------------------------|-----------------|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                              |                        |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                              |                        |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                              |                        |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | <u>0</u>                     | <u>0</u>               |
| <b>c</b> General investments:                                                                      |                 |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | <u>825408</u>                | <u>722749</u>          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                              |                        |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                              |                        |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                              |                        |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                              |                        |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                              |                        |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | <u>820793</u>                | <u>991052</u>          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | <u>2722019</u>               | <u>2492223</u>         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | <u>184635361</u>             | <u>205893036</u>       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | <u>31649554</u>              | <u>31088966</u>        |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | <u>1041457</u>               | <u>1251228</u>         |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 221694592             | 242439254       |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 221694592             | 242439254       |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 6926170    |           |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> | 7646656    |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 869461     |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 15442287  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 39173      |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 70330      |           |
| <b>(F)</b> Other.....                                                                                      | <b>2b(1)(F)</b> | 1258251    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1367754   |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock.....                                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 4402006    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 4402006   |
| <b>(3)</b> Rents.....                                                                                      | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....                                                                         | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate.....                                                                                | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....                                                                                      | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | -110625   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 21544775  |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 160562    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 42806759  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 21725456 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 21725456 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          | 74584    |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 224468   |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 37589    |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |          |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 262057   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 22062097 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 20744662 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

**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  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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.)                 |     | X  |         |
| <b>b</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.) |     | X  |         |
| <b>c</b> 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.)                                                                                                                             |     | X  |         |
| <b>d</b> 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.)                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>g</b> 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?                                                                                                                                       |     | X  |         |
| <b>h</b> 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?                                                                                                                             |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>j</b> 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.)                                                                                     |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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.                                                                                                                        |     | X  |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                         |                                                                    |            |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN</u>               | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EMERSON COLLEGE</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-1286950</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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): 13-3689044 13-1624203

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

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

|   |  |    |
|---|--|----|
| 3 |  | 92 |
|---|--|----|

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|                                                                                                                                                 |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                      | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|                                                                                                                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....                                                                                                 | <b>14b</b> |  |
| <b>c</b> 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).....                                                                                                                            | <b>14c</b> |  |

**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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                       |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                              | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500863A.

**EMERSON COLLEGE TAX DEFERRED  
ANNUITY PLAN**

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**FINANCIAL STATEMENTS**

December 31, 2024 and 2023 and  
For the Year Ended December 31, 2024



***CARON & BLETZER, PLLC***

*Certified Public Accountants and Business Consultants*

EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN  
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Certain supplemental schedules have been omitted because they are either not required or not applicable.





## Independent Auditor's Report

To the Plan Administrator of the Emerson College Tax Deferred Annuity Plan:

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

We have performed audits of the financial statements of the Emerson College Tax Deferred Annuity 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 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 qualified institutions 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 G 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 of our report:

- 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 ("GAAP").
- the information in the accompanying financial statements related to assets which provide benefits under the plan and certified to by qualified institutions and assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by 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 GAAP, 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 within one year after the date that the financial statements are issued or 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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 GAAP.

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 Schedule Required by ERISA***

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 certified information in the supplemental schedule related to assets which provide benefits under the plan and certified to by qualified institutions and assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Caron & Bleyer, PLLC*

Kingston, NH  
July 29, 2025

EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 December 31, 2024 and 2023

|                                                        | 2024           | 2023           |
|--------------------------------------------------------|----------------|----------------|
| Investments, at fair value:                            |                |                |
| Self directed brokerage accounts                       | \$ 1,251,228   | \$ 1,041,457   |
| Variable annuities                                     | 55,121,614     | 50,364,613     |
| Pooled separate accounts                               | 2,492,223      | 2,722,019      |
| Guaranteed insurance contract (non-benefit responsive) | 17,481,840     | 17,570,074     |
| Mutual funds                                           | 151,494,171    | 135,096,156    |
| Total investments at fair value                        | 227,841,076    | 206,794,319    |
| Investments, at contract value:                        |                |                |
| Guaranteed insurance contracts                         | 13,607,126     | 14,079,480     |
| Total investments                                      | 241,448,202    | 220,873,799    |
| Receivables:                                           |                |                |
| Notes receivable from participants                     | 991,052        | 820,793        |
| Net assets available for benefits                      | \$ 242,439,254 | \$ 221,694,592 |

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

EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended December 31, 2024

|                                               | 2024           |
|-----------------------------------------------|----------------|
| Additions:                                    |                |
| Investment income:                            |                |
| Net appreciation in fair value of investments | \$ 20,004,082  |
| Dividends                                     | 6,137,014      |
| Interest                                      | 1,223,376      |
|                                               | 27,364,472     |
| Contributions:                                |                |
| Employer contributions                        | 6,926,170      |
| Participant contributions                     | 7,646,656      |
| Rollover contributions                        | 869,461        |
|                                               | 15,442,287     |
| Total additions                               | 42,806,759     |
| Deductions:                                   |                |
| Benefits paid to participants                 | 21,800,040     |
| Administrative expenses                       | 262,057        |
| Total deductions                              | 22,062,097     |
| Net increase                                  | 20,744,662     |
| Net assets available for benefits:            |                |
| Beginning of year                             | 221,694,592    |
| End of year                                   | \$ 242,439,254 |

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

EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS

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A. DESCRIPTION OF PLAN:

The following description of the Emerson College Tax Deferred Annuity Plan (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Emerson College (the "College") who have attained age 21 and completed one year or period of service. Faculty Members who are governed by the Emerson College Chapter of the American Association of University Professors ("ECCAAUP") Collective Bargaining Agreement commence participation in the EMCP on the first day of the first calendar month coincident with or next following the completion of one year of service and the attainment of age 26. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

Upon meeting eligibility requirements participants may contribute up to 100% of their plan compensation on a pre-tax basis, subject to Internal Revenue Code ("IRC") limitations. Effective January 1, 2024, the Plan was amended to allow participants to make after-tax Roth contributions. Participants who are at least 50 may make an additional "catch up" contribution subject to IRC limitations. Participants may also contribute funds from another qualified plan ("rollover contributions"), subject to certain requirements.

The Plan is comprised of a Voluntary Salary Reduction Program ("VSRP") and the Employer Matching Contribution Program ("EMCP"). The VSRP permits eligible employees to voluntarily defer a portion of their salary on a pre-tax or after-tax Roth basis upon hire. Employee salary deferrals made under the Voluntary Salary Reduction Program are not matched by employer contributions.

The EMCP is a matching program whereby eligible Affiliated Faculty must, as a condition of employment, defer 1.5% of their salary to the Plan and the College contributes 3% of the employee's salary to the Plan. Participants other than Affiliated Faculty must, as a condition of employment, defer 3% of their salary to the Plan and the College contributes 9% of the employee's salary to the Plan. The College matches 12% of salary for faculty hired or rehired before January 1, 1996 and administration employees hired before January 1, 1994.

Participant Accounts

Each participant's account is credited or charged with contributions, investment income, and administrative expenses. Investment income, including realized and unrealized gains and losses, and expenses are allocated to participants' accounts based on each participant's account balance within each fund. Participants determine the percentage in which contributions are to be invested in each fund. Participants may change their investment options as set forth in the plan document. The benefit to which a participant is entitled is equal to the value of the participant's vested interest in their account.

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Vesting

Participants are 100% vested in all contributions and earnings thereon.

Forfeitures

When certain errors of plan operation in the Plan occur, the affected portion of the participant's account represents a forfeiture, as defined by the Plan. Forfeited balances are first used to restore re-employed participants' accounts. Any remaining forfeitures may be used to pay plan expenses or to reduce employer contributions.

Unallocated Assets

The Plan holds assets in an expense budget account which receives deposits as a result of a revenue sharing agreement with Transamerica Financial Life Insurance Company. During 2024, deposits to the account totaled \$71,986, which is included in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits. Funds in the account are allocated to participants or used to pay qualified plan expenses including investment management fees, recordkeeping fees, and legal fees. During 2024, \$45,414 was used to pay plan expenses. Unallocated assets were \$123,482 and \$92,228 as of December 31, 2024 and 2023, respectively.

Distribution of Benefits

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Distributions under the Plan may be made in lump sums, annuities, installment payments, and partial withdrawals.

A participant may also request a withdrawal upon attainment of age 59 1/2 or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship", as defined in the plan document. Distributions from rollover account balances may be taken at any time.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. Loans must bear a rate of interest of prime rate plus 1%. All loans must be repaid within five years unless the proceeds are used to acquire a principal residence, in which case a longer repayment period is allowed. There is no limit to the number of loans that may be outstanding at a time. Principal and interest is generally repaid at least quarterly by participants directly to the plan custodians.

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Plan Loans

A participant with retirement assets at Teachers Insurance and Annuity Association of America (“TIAA”) and College Retirement Equities Fund (“CREF”) (together “TIAA-CREF”) may borrow against their account balance accumulated from participant contributions in an aggregate amount up to the lesser of \$50,000 or 50% of their vested account balance, subject to plan limitations, directly from TIAA-CREF. The minimum loan amount is \$1,000. Loans must bear a reasonable rate of interest. An amount equal to 110% of the loan must be transferred to the TIAA Traditional Annuity in the participant’s account to serve as collateral for such loans. TIAA uses funds from its general accounts to make loans directly to participants. A promissory note is executed by the participant. Loans must be repaid over a period not to exceed five years unless the loan proceeds are used for the purchase of a primary residence, in which case a longer repayment period is allowed. In the event a loan is defaulted on, the outstanding loan balance and any accrued interest will be deducted from the participant’s TIAA Traditional Annuity account. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distributable event occurs. As of December 31, 2024, and 2023, \$287,148 and \$369,051, respectively, of the TIAA Traditional Annuity was pledged as collateral for loans to participants from TIAA-CREF. Interest rates of loans outstanding at December 31, 2024 ranged from 5.02%-5.68%.

A participant with retirement assets at Variable Annuity Life Insurance Company (“VALIC”) may borrow an aggregate amount up to the lesser of \$50,000 or 50% of the participant’s vested account balance, subject to plan limitations, directly from VALIC. Loans must bear a reasonable rate of interest. Loans are collateralized by the participant’s nonforfeitable interest in the Plan, held in the VALIC Fixed Account Plus, and are supported by a promissory note. VALIC uses funds from its general account to make loans directly to participants. Loans must be repaid over a period not to exceed five years unless the loan proceeds are used for the purchase of a primary residence, in which case a longer repayment period is allowed. In the event a loan is defaulted on, the outstanding loan balance and any accrued interest will be deducted from the participant’s VALIC Fixed Account Plus upon the occurrence of a distributable event. As of December 31, 2024 and 2023, \$485,794 and \$458,001 respectively, of VALIC Fixed Account Plus was pledged as collateral for loans to participants from VALIC. Of these amounts \$485,794 and \$458,001 were defaulted loans and the assets will revert to VALIC upon a distributable event.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using 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.

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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 on the measurement date. See Note C for discussion of fair value measurements.

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. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Contributions

Contributions from plan participants and College contributions are recorded in the year in which the participant contributions are withheld from compensation.

Expenses of the Plan

Investment fees, participant transaction fees, and plan administration fees incurred by the Plan are paid by the Plan. Substantially all other administrative expenses incurred by the Plan are paid by the College. Expenses that are paid by the College are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Reclassification

Certain 2023 amounts have been reclassified to conform with the presentation in the 2024 financial statements.

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

*Level 2* - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Self-directed brokerage accounts* - Consist of mutual funds.

*Variable annuity contracts* - Valued at the net asset value of units of a variable annuity. The net asset value, as provided by the contract issuer, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

*Pooled separate account* - Valued at the net asset value of units of a pooled separate account. The net asset value, as provided by the contract issuer, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

*Guaranteed insurance contract (non-benefit responsive)* - The TIAA Traditional Annuity is valued at fair value by TIAA by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuers. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the College evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, minimum crediting rate, duration or payout date) while others are substantiated utilizing available market data (for example, discount rate).

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*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 SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

| <u>Description</u>                            | 2024                  |                       |                |                      |
|-----------------------------------------------|-----------------------|-----------------------|----------------|----------------------|
|                                               | <u>Total</u>          | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u>       |
| Mutual funds                                  | \$ 151,494,171        | \$ 151,494,171        | \$ -           | \$ -                 |
| Self-directed brokerage account               | 1,251,228             | 1,251,228             | -              | -                    |
| Insurance contracts (non-benefit responsive)  | 17,481,840            | -                     | -              | 17,481,840           |
| Total investments in the fair value hierarchy | 170,227,239           | <u>\$ 152,745,399</u> | <u>\$ -</u>    | <u>\$ 17,481,840</u> |
| Investments measured at net asset value(1):   |                       |                       |                |                      |
| Variable annuity contracts                    | 55,121,614            |                       |                |                      |
| Pooled separate accounts                      | 2,492,223             |                       |                |                      |
| Total investments at fair value               | <u>\$ 227,841,076</u> |                       |                |                      |

| <u>Description</u>                            | 2023                  |                       |                |                      |
|-----------------------------------------------|-----------------------|-----------------------|----------------|----------------------|
|                                               | <u>Total</u>          | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u>       |
| Mutual funds                                  | \$ 135,096,156        | \$ 135,096,156        | \$ -           | \$ -                 |
| Self-directed brokerage account               | 1,041,457             | 1,041,457             | -              | -                    |
| Insurance contracts (non-benefit responsive)  | 17,570,074            | -                     | -              | 17,570,074           |
| Total investments in the fair value hierarchy | 153,707,687           | <u>\$ 136,137,613</u> | <u>\$ -</u>    | <u>\$ 17,570,074</u> |
| Investments measured at net asset value(1):   |                       |                       |                |                      |
| Variable annuity contracts                    | 50,364,613            |                       |                |                      |
| Pooled separate accounts                      | 2,722,019             |                       |                |                      |
| Total investments at fair value               | <u>\$ 206,794,319</u> |                       |                |                      |

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value 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.

Redemptions of the TIAA Real Estate pooled separate account are allowed quarterly. There are no unfunded commitments. There are no restrictions on redemptions of these investments for participant-initiated transactions.

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*Variable annuity contracts* – Redemptions are allowed daily. There are no unfunded commitments. There are no restrictions on redemptions of these investments for participant-initiated transactions.

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the Department of Labor (“DOL”) as direct filing entity (“DFE”). The following table discloses investment strategies for such investments:

|                                  | 2024          | 2023          |
|----------------------------------|---------------|---------------|
| Investments measured             |               |               |
| at net asset value (non-DFE's):  |               |               |
| Variable annuity contracts:      |               |               |
| Stock (a)                        | \$ 16,512,056 | \$ 15,149,317 |
| Money Market (b)                 | 1,821,563     | 1,993,487     |
| Social Choice (c)                | 5,791,942     | 5,877,962     |
| Bond (d)                         | 4,828,129     | 4,871,951     |
| Global equity (e)                | 6,273,057     | 5,533,877     |
| Growth (f)                       | 8,713,878     | 6,794,404     |
| Equity (g)                       | 4,087,251     | 3,629,934     |
| Large-cap (h)                    | 2,785,051     | 2,408,102     |
| Mid-cap (i)                      | 826,441       | 870,314       |
| Small-cap (j)                    | 512,844       | 511,483       |
| International equity (k)         | 366,219       | 352,407       |
| Hybrid (l)                       | 1,954,138     | 1,776,408     |
| Fixed (m)                        | 348,820       | 363,572       |
| Specialty (n)                    | 300,225       | 231,395       |
| Total variable annuity contracts | \$ 55,121,614 | \$ 50,364,613 |

- (a) Stock variable annuities seek to invest in a wide range of equities from all around the world.
- (b) Money market variable annuities seek to invest in high-quality short term securities that aim to preserve capital and provide income.
- (c) Social choice variable annuities seek to invest in a diversified portfolio of bonds and global stocks while giving special consideration to certain environmental, social, and governance factors.
- (d) Bond variable annuities seek to invest in fixed income securities designed to balance and manage risk.
- (e) Global equity variable annuities seek to invest globally in companies of all sizes.
- (f) Growth variable annuities seek to invest in large, established companies, with innovative solutions that enhance earnings or cash flow prospects.
- (g) Equity variable annuities seek to invest in a diversified portfolio of publicly traded US stocks represented by a broad market index.
- (h) Large-cap variable annuities consist of the largest US companies, or those with market capitalizations of \$10 billion or more.
- (i) Mid-cap variable annuities consist of companies with a total market capitalization in the range of about \$2 billion to \$10 billion.
- (j) Small-cap variable annuities consist of companies with a total market capitalization in the range of about \$250 million to \$2 billion.

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- (k) International equity variable annuities consist of companies which are headquartered outside the US.
- (l) Hybrid variable annuities are characterized by diversification among two or more asset classes.
- (m) Fixed variable annuities include investments such as government and corporate bonds, CDs, and market funds.
- (n) Specialty variable annuities concentrate on a specific industry or market.

The guaranteed investment contracts are with Teachers Insurance and Annuity Association of America (“the contract issuer”). Participants individually contract with TIAA to establish an account within the TIAA Traditional Annuity. The TIAA Traditional Annuity is offered through a variety of contracts including supplemental retirement annuities (“SRA”), group supplemental retirement annuities (“GSRA”), group retirement annuities (“GRA”), and retirement annuities (“RA”) as determined by the contract between TIAA and the participant. The SRA and GSRA contracts are considered fully benefit-responsive because they are liquid contracts (see note D). The RA contracts are not considered fully benefit-responsive due to certain illiquidity features discussed below are valued at fair value measured using a discounted cash flow methodology.

Participant accumulations are available for pre-retirement withdrawal in 10 annual installments upon separation of service under an RA contract. Lump sum withdrawals are available from TIAA Traditional only within 120 days of termination of employment and are subject to a 2.5% surrender charge for a GRA contract. All other withdrawals and transfers must be paid in 10 annual installments. The minimum crediting interest rates are contractually guaranteed to be not less than 3 percent for the RA and GRA contracts.

The following tables represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges and values for those inputs for the years ended December 31:

| Instrument               | Fair Value    | Principal Valuation Technique | 2024                    |                                   |
|--------------------------|---------------|-------------------------------|-------------------------|-----------------------------------|
|                          |               |                               | Unobservable Input(s)   | Range of Significant Input Values |
| TIAA Traditional Annuity | \$ 17,481,840 | Discounted Cash Flow          | Discount Rate           | 5.11%-5.53%                       |
|                          |               |                               | Crediting Interest Rate | 5.38%                             |
|                          |               |                               | Duration                | 9 year                            |
|                          |               |                               | Payout Date             | 12/31/2024-12/31/2033             |
|                          |               |                               | Payout Percentage       | 10%-100%                          |

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| <u>Instrument</u>        | 2023              |                                      |                                                                                          |                                                                     |
|--------------------------|-------------------|--------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
|                          | <u>Fair Value</u> | <u>Principal Valuation Technique</u> | <u>Unobservable Input(s)</u>                                                             | <u>Range of Significant Input Values</u>                            |
| TIAA Traditional Annuity | \$ 17,570,074     | Discounted Cash Flow                 | Discount Rate<br>Crediting Interest Rate<br>Duration<br>Payout Date<br>Payout Percentage | 4.49%-5.44%<br>4.56%<br>9 year<br>12/31/2023-12/31/2032<br>10%-100% |

Purchases and sales of the Plan's level 3 investments during the year ending December 31, 2024 were \$1,359,564 and \$2,226,531, respectively. There were no transfers into or out of level 3 investments during the year.

**D. INVESTMENT CONTRACT WITH INSURANCE COMPANY:**

The Plan has investments in fully benefit-responsive traditional investment contracts as follows:

|                                                                   | <u>2024</u>   | <u>2023</u>   |
|-------------------------------------------------------------------|---------------|---------------|
| Guaranteed Insurance Contract - TIAA Traditional Annuity          | \$ 6,256,540  | \$ 6,690,231  |
| Guaranteed Insurance Contract - New York Life Guaranteed Interest | 3,590,399     | 3,375,283     |
| Guaranteed Insurance Contract - Fixed Account Plus                | 2,811,054     | 2,916,841     |
| Guaranteed Insurance Contract - Short Term Fixed Account          | 949,133       | 1,097,125     |
| Total investments at contract value                               | \$ 13,607,126 | \$ 14,079,480 |

**Guaranteed Insurance Contract – TIAA Traditional Annuity**

The Plan has entered into an annuity arrangement with Teachers Insurance and Annuity Association of America. Participants individually contract with TIAA to establish an account within the TIAA Traditional Annuity. The TIAA Traditional Annuity is offered through a variety of contracts including retirement annuities ("RA"), group retirement annuities ("GRA"), supplemental retirement annuities ("SRA"), and group supplemental retirement annuities ("GSRA"), as determined by the contract between TIAA and the participant. Employer contributions must be made to an RA contract. Participant contributions may be made to an RA, SRA, or GSRA contract as determined by the participant.

SRA and GSRA are traditional investment contracts that meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. RA and GRA contracts are considered non benefit-responsive due to certain illiquidity features and accordingly are valued at fair value measured using a discounted cash flow methodology. See Note C for valuation and terms of these non-fully benefit-responsive contracts.

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With traditional investment contracts, the Plan owns only the contract itself. These contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent for SRA, GRSA, GRA, and RA contracts. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum interest rate, and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year" which begins each March 1. Additional interest is not guaranteed for future years. The crediting rates are supported by the investment performance of the underlying investments and may be reset as frequently as monthly. The contract does not have a maturity date.

Participant accumulations are available in lump-sum payments, which may be subject to surrender charges, upon meeting certain triggering events under an SRA or GSRA contract. When the accumulation in TIAA Traditional Annuity is converted to an annuity by a participant based on his or her life expectancy, the present value of the stream of payments is equal to the accumulation. These payments may be made in the form of an annuity or a lump sum benefit and are contractually obligated.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. 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, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

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

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Guaranteed Insurance Contract – New York Life Guaranteed Interest Account

The Plan holds a traditional investment contract issued by New York Life Insurance Company (“the contract issuer”) through Transamerica Financial Life Insurance Company. The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

With traditional investment contracts, the Plan owns only the contract itself. These contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1 percent. Such interest rates are reviewed on a semi-annual basis for resetting. The contract does not have a maturity date. Full withdrawals may require 90 day notice and may be paid out in installments or as a lump sum, which may be subject to a surrender charge.

Certain events limit the ability of the Plan to transact at contract value with the issuer. 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 Plan’s prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

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

Guaranteed Insurance Contract – Fixed Account Plus

The Plan holds a traditional investment contract issued by The Variable Annuity Life Insurance Company (“the contract issuer”). The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

With traditional investment contracts, the Plan owns only the contract itself. These contracts are designed to accrue interest based on crediting rates established by the contract issuers.

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The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent. Such interest rates are reviewed on a monthly basis for resetting. The contract does not have a maturity date.

Certain events limit the ability of the Plan to transact at contract value with the issuer. 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 Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

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

Guaranteed Insurance Contract – Short Term Fixed Account

The Plan holds a traditional investment contract issued by The Variable Annuity Life Insurance Company ("the contract issuer"). The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

With traditional investment contracts, the Plan owns only the contract itself. These contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent. Such interest rates are reviewed on a monthly basis for resetting. The contract does not have a maturity date.

Certain events limit the ability of the Plan to transact at contract value with the issuer. 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 Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

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

E. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, loans to participants and the management of investments held by the custodians are considered party in interest transactions.

F. TAX STATUS:

The Plan adopted a volume submitter plan document. The Internal Revenue Service ("IRS") has determined in its opinion letter dated March 31, 2017, that the volume submitter plan adopted by the Plan is acceptable under section 403(b) for use by eligible employers for the benefit of their employees. Although the Plan has since been amended, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the 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.

G. CERTIFIED INVESTMENTS:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company, TIAA and CREF and TIAA on behalf of TIAA Trust, N.A., State Street Bank and Trust Company, and The Variable Annuity Life Insurance Company, the custodians of the Plan.

H. PLAN TERMINATION:

Although the Plan was established with the intention that it will continue indefinitely, the College retains the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their accounts.

EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS

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I. 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. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

J. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through July 29, 2025, the date these financial statements were available for issuance.

## EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN

EIN: 04-1286950

Plan Number: 001

## SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

| (a)                                                     | (b)                                                                                                          | (c)  | (d)              | (e) |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|-----|
| Identity of issue, borrower, lessor<br>or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |     |
| <u>Investments at fair value:</u>                       |                                                                                                              |      |                  |     |
| * TIAA Traditional Non Benefit Responsive Account       | Guaranteed insurance contract                                                                                | **   | \$ 17,481,840    |     |
| * Personal Choice                                       | Self-directed brokerage account                                                                              | **   | 1,251,228        |     |
| * TIAA Real Estate                                      | Pooled separate account                                                                                      | **   | 2,492,223        |     |
| * CREF Stock R2                                         | Variable annuity contract                                                                                    | **   | 16,512,056       |     |
| * CREF Money Market R2                                  | "                                                                                                            | **   | 1,821,563        |     |
| * CREF Social Choice R2                                 | "                                                                                                            | **   | 5,791,942        |     |
| * CREF Global Equities R2                               | "                                                                                                            | **   | 6,062,950        |     |
| * CREF Growth R2                                        | "                                                                                                            | **   | 8,713,878        |     |
| * CREF Equity Index R2                                  | "                                                                                                            | **   | 4,087,251        |     |
| * CREF Inflation-Linked Bond R2                         | "                                                                                                            | **   | 1,823,326        |     |
| * CREF Core Bond R2                                     | "                                                                                                            | **   | 3,004,803        |     |
| * Valic Co. Aggressive Lifestyle                        | "                                                                                                            | **   | 866,873          |     |
| * American Beacon Man Large Cap Growth Fund             | "                                                                                                            | **   | 18,571           |     |
| * Ariel Appreciation Fund                               | "                                                                                                            | **   | 153,612          |     |
| * Ariel Fund                                            | "                                                                                                            | **   | 94,628           |     |
| * Valic Co. Asset Allocation Fund                       | "                                                                                                            | **   | 39,967           |     |
| * Valic Co. Core Bond Fund                              | "                                                                                                            | **   | 20,654           |     |
| * Valic Co. Dividend Value                              | "                                                                                                            | **   | 127,678          |     |
| * Valic Co. Emerging Economies                          | "                                                                                                            | **   | 21,742           |     |
| * Valic Co. Government Securities Fund                  | "                                                                                                            | **   | 13,643           |     |
| * Valic Co. Growth Fund                                 | "                                                                                                            | **   | 529,946          |     |
| * Valic Co. Government Money Market Fund Inst           | "                                                                                                            | **   | 82,398           |     |
| * Valic Co. High Yield Bond Fund                        | "                                                                                                            | **   | 13,596           |     |
| * Valic Co. Inflation Protected Fund                    | "                                                                                                            | **   | 15,331           |     |
| * Valic Co. International Government Bond               | "                                                                                                            | **   | 5,120            |     |
| * Valic Co. International Growth Fund                   | "                                                                                                            | **   | 37,605           |     |
| * Valic Co. International Value Fund                    | "                                                                                                            | **   | 277,592          |     |
| * Valic Co. International Opportunities                 | "                                                                                                            | **   | 29,280           |     |
| * Valic Co. International Socially Responsible Fund     | "                                                                                                            | **   | 210,107          |     |
| * Valic Co. Large Capital Growth Fund                   | "                                                                                                            | **   | 513,368          |     |
| * Valic Co. Mid Cap Index Fund                          | "                                                                                                            | **   | 358,008          |     |
| * Valic Co. Mid Cap Strategic Growth Fund               | "                                                                                                            | **   | 256,154          |     |
| * Valic Co. Mid Cap Value Fund                          | "                                                                                                            | **   | 58,667           |     |
| * Valic Co. Moderate Growth Lifestyle Fund              | "                                                                                                            | **   | 679,682          |     |
| * Valic Co. NASDAQ-100® Index Fund                      | "                                                                                                            | **   | 118,325          |     |
| * Valic Co. Science & Technology Fund                   | "                                                                                                            | **   | 300,225          |     |
| * Valic Co. Small Cap Growth Fund                       | "                                                                                                            | **   | 219,127          |     |
| * Valic Co. Small Cap Index Fund                        | "                                                                                                            | **   | 119,800          |     |
| * Valic Co. Small Cap Special Value Fund                | "                                                                                                            | **   | 56,747           |     |
| * Valic Co. Small Cap Value Fund                        | "                                                                                                            | **   | 22,542           |     |
| * Valic Co. Stock Index Fund                            | "                                                                                                            | **   | 836,071          |     |
| * Valic Co. Systematic Core Fund                        | "                                                                                                            | **   | 27,454           |     |
| * Valic Co. Systematic Growth Fund                      | "                                                                                                            | **   | 73,660           |     |
| * Valic Co. Systematic Value Fund                       | "                                                                                                            | **   | 19,318           |     |
| * Valic Co. US Socially Responsible Fund                | "                                                                                                            | **   | 47,368           |     |
| * Vanguard Long-Term Treasury Fund                      | "                                                                                                            | **   | 94,421           |     |
| * Vanguard Long-Term Investment-Grade Fund              | "                                                                                                            | **   | 122,373          |     |
| * Vanguard Wellington Fund Income Fund                  | "                                                                                                            | **   | 348,900          |     |

## EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN

EIN: 04-1286950

Plan Number: 001

## SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

| (a) | (b)                                                           | (c)                                                                                                          | (d)  | (e)              |
|-----|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
| —   | Identity of issue, borrower, lessor<br>or similar party       | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| *   | Vanguard Windsor II Fund                                      | "                                                                                                            | **   | 473,292          |
|     | Total variable annuities                                      |                                                                                                              |      | 55,121,614       |
| *   | Fidelity Fund                                                 | Mutual fund                                                                                                  | **   | 146,874          |
| *   | Fidelity Puritan Fund                                         | "                                                                                                            | **   | 276,192          |
| *   | Fidelity Select Tech Hardware Portfolio Fund                  | "                                                                                                            | **   | 100,796          |
| *   | Fidelity Select Semiconductors Portfolio Fund                 | "                                                                                                            | **   | 153,597          |
| *   | Fidelity value Strategies Fund                                | "                                                                                                            | **   | 2,120            |
| *   | Fidelity GNMA Fund                                            | "                                                                                                            | **   | 2,607            |
| *   | Fidelity Magellan Fund                                        | "                                                                                                            | **   | 417,933          |
| *   | Fidelity Contrafund Fund                                      | "                                                                                                            | **   | 638,994          |
| *   | Fidelity Equity Income Fund                                   | "                                                                                                            | **   | 5,846            |
| *   | Fidelity Growth Company Fund                                  | "                                                                                                            | **   | 730,281          |
| *   | Fidelity Investment Grade Bond Fund                           | "                                                                                                            | **   | 105,977          |
| *   | Fidelity Growth & Income Portfolio Fund                       | "                                                                                                            | **   | 208,002          |
| *   | Fidelity Select Software Portfolio Fund                       | "                                                                                                            | **   | 248,677          |
| *   | Fidelity Intermediate Bond Fund                               | "                                                                                                            | **   | 56,229           |
| *   | Fidelity Capital & Income Fund                                | "                                                                                                            | **   | 196,492          |
| *   | Fidelity Value Fund                                           | "                                                                                                            | **   | 136,249          |
| *   | Fidelity Select Gold Portfolio Fund                           | "                                                                                                            | **   | 4,103            |
| *   | Fidelity Select Biotech Portfolio Fund                        | "                                                                                                            | **   | 189,199          |
| *   | Fidelity Select Retailing Portfolio Fund                      | "                                                                                                            | **   | 19,667           |
| *   | Fidelity Government Income Fund                               | "                                                                                                            | **   | 22,193           |
| *   | Fidelity Government Cash Reserves Fund                        | "                                                                                                            | **   | 447,518          |
| *   | Fidelity Select Energy Services Portfolio Fund                | "                                                                                                            | **   | 39,854           |
| *   | Fidelity Select Leisure Portfolio Fund                        | "                                                                                                            | **   | 12,147           |
| *   | Fidelity Select Healthcare Portfolio Fund                     | "                                                                                                            | **   | 221,724          |
| *   | Fidelity Select Technology Portfolio Fund                     | "                                                                                                            | **   | 487,844          |
| *   | Fidelity Select Brokerage and Investment Management Portfolio | "                                                                                                            | **   | 46,706           |
| *   | Fidelity OTC Portfolio Fund                                   | "                                                                                                            | **   | 289,582          |
| *   | Fidelity Overseas Fund                                        | "                                                                                                            | **   | 165,995          |
| *   | Fidelity Select Telecommunications Portfolio Fund             | "                                                                                                            | **   | 9,745            |
| *   | Fidelity Leverage Company Stock Fund                          | "                                                                                                            | **   | 2,991            |
| *   | Fidelity New Millennium Fund                                  | "                                                                                                            | **   | 12,609           |
| *   | Fidelity Europe Fund                                          | "                                                                                                            | **   | 20,493           |
| *   | Fidelity Real Estate Investment Portfolio Fund                | "                                                                                                            | **   | 1,645            |
| *   | Fidelity Balanced Fund                                        | "                                                                                                            | **   | 519,738          |
| *   | Fidelity International Discovery Fund                         | "                                                                                                            | **   | 40,867           |
| *   | Fidelity Capital Appreciation Fund                            | "                                                                                                            | **   | 10,098           |
| *   | Fidelity Convertible Securities Fund                          | "                                                                                                            | **   | 24,916           |
| *   | Fidelity Telecom and Utilities Fund                           | "                                                                                                            | **   | 70,044           |
| *   | Fidelity Blue Chip Growth Fund                                | "                                                                                                            | **   | 552,378          |
| *   | Fidelity Disciplined Equity Fund                              | "                                                                                                            | **   | 5,606            |
| *   | Fidelity Low-Priced Stock Fund                                | "                                                                                                            | **   | 308,681          |
| *   | Fidelity Worldwide Fund                                       | "                                                                                                            | **   | 81,741           |
| *   | Fidelity Equity Dividend Income Fund                          | "                                                                                                            | **   | 119,930          |
| *   | Fidelity Advisor Stock Select All Cap Fund                    | "                                                                                                            | **   | 282              |
| *   | Fidelity Asset Manager 70% Fund                               | "                                                                                                            | **   | 34,087           |
| *   | Fidelity Emerging Markets Fund                                | "                                                                                                            | **   | 57,555           |
| *   | Fidelity Growth Strategies Fund                               | "                                                                                                            | **   | 256,550          |
| *   | Fidelity Diversified International Fund                       | "                                                                                                            | **   | 185,940          |
| *   | Fidelity Asset Manager 20% Fund                               | "                                                                                                            | **   | 54,810           |

## EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN

EIN: 04-1286950

Plan Number: 001

## SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

| (a) | (b)                                                           | (c)                                                                                                          | (d)  | (e)              |
|-----|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
| —   | Identity of issue, borrower, lessor<br>or similar party       | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| *   | Fidelity Dividend Growth Fund                                 | "                                                                                                            | **   | 597,861          |
| *   | Fidelity New Markets Income Fund                              | "                                                                                                            | **   | 137,766          |
| *   | Fidelity International Capital Appreciation Fund              | "                                                                                                            | **   | 143,455          |
| *   | Fidelity Stock Selector Small Cap Fund                        | "                                                                                                            | **   | 2,651            |
| *   | Fidelity Mid Cap Stock Fund                                   | "                                                                                                            | **   | 169,959          |
| *   | Fidelity Small Cap Stock Fund                                 | "                                                                                                            | **   | 30,490           |
| *   | Fidelity Emerging Asia Fund                                   | "                                                                                                            | **   | 12,195           |
| *   | Fidelity Select Enterprise Technology Services Portfolio Fund | "                                                                                                            | **   | 39,619           |
| *   | Fidelity Select Medical Technology and Devices Portfolio Fund | "                                                                                                            | **   | 69,230           |
| *   | Fidelity Japan Smaller Companies Fund                         | "                                                                                                            | **   | 6,026            |
| *   | Fidelity Mega Cap Stock Fund                                  | "                                                                                                            | **   | 75,311           |
| *   | Fidelity Freedom Income Fund                                  | "                                                                                                            | **   | 1,084,419        |
| *   | Fidelity Freedom 2010 Fund                                    | "                                                                                                            | **   | 1,332            |
| *   | Fidelity Freedom 2020 Fund                                    | "                                                                                                            | **   | 1,140,041        |
| *   | Fidelity Freedom 2025 Fund                                    | "                                                                                                            | **   | 388,811          |
| *   | Fidelity Freedom 2030 Fund                                    | "                                                                                                            | **   | 651,212          |
| *   | Fidelity Freedom 2035 Fund                                    | "                                                                                                            | **   | 526,227          |
| *   | Fidelity Freedom 2040 Fund                                    | "                                                                                                            | **   | 957,880          |
| *   | Fidelity Freedom 2045 Fund                                    | "                                                                                                            | **   | 835,166          |
| *   | Fidelity Freedom 2050 Fund                                    | "                                                                                                            | **   | 1,008,403        |
| *   | Fidelity Freedom 2055 Fund                                    | "                                                                                                            | **   | 106,177          |
| *   | Fidelity Freedom 2060 Fund                                    | "                                                                                                            | **   | 3,792            |
| *   | Fidelity Treasury Only Money Market Fund                      | "                                                                                                            | **   | 63,721           |
| *   | Fidelity Short Term Bond Fund                                 | "                                                                                                            | **   | 43,049           |
| *   | Fidelity Intermediate Government Income Fund                  | "                                                                                                            | **   | 203,353          |
| *   | Fidelity Government Money Market Fund                         | "                                                                                                            | **   | 147,861          |
| *   | Fidelity Select Communication Services Portfolio Fund         | "                                                                                                            | **   | 42,809           |
| *   | Fidelity Select Healthcare Services Portfolio Fund            | "                                                                                                            | **   | 110,360          |
| *   | Fidelity Select Banking Portfolio Fund                        | "                                                                                                            | **   | 4,500            |
| *   | Fidelity Select Construction and Housing Portfolio Fund       | "                                                                                                            | **   | 16,382           |
| *   | Fidelity Select Industrials Portfolio Fund                    | "                                                                                                            | **   | 94,076           |
| *   | Fidelity Environment and Alternative Energy Fund              | "                                                                                                            | **   | 2,733            |
| *   | Fidelity Select Consumer Discretionary Portfolio Fund         | "                                                                                                            | **   | 46,651           |
| *   | Fidelity Select Pharmaceutical Portfolio Fund                 | "                                                                                                            | **   | 120,056          |
| *   | Fidelity Mid Cap Value Fund                                   | "                                                                                                            | **   | 75,887           |
| *   | Fidelity Floating Rate High Income Fund                       | "                                                                                                            | **   | 119,755          |
| *   | Fidelity Total Bond Fund                                      | "                                                                                                            | **   | 378,432          |
| *   | Fidelity Value Discovery Fund                                 | "                                                                                                            | **   | 26,776           |
| *   | Fidelity Real Estate Income Fund                              | "                                                                                                            | **   | 10,206           |
| *   | Fidelity Blue Chip Value Fund                                 | "                                                                                                            | **   | 4,371            |
| *   | Fidelity Nasdaq Composite Index Fund                          | "                                                                                                            | **   | 176,624          |
| *   | Fidelity Strategic Dividend & Income Fund                     | "                                                                                                            | **   | 147,386          |
| *   | Fidelity International Real Estate Fund                       | "                                                                                                            | **   | 18,008           |
| *   | Fidelity Small Cap Growth Fund                                | "                                                                                                            | **   | 143,096          |
| *   | Fidelity Small Cap Value Fund                                 | "                                                                                                            | **   | 106,219          |
| *   | Fidelity Asset Manager 30% Fund                               | "                                                                                                            | **   | 326              |
| *   | Fidelity Corporate Bond Fund                                  | "                                                                                                            | **   | 102,246          |
| *   | Fidelity Conservative Income Bond Fund                        | "                                                                                                            | **   | 83,294           |
| *   | Fidelity US Bond Index Fund                                   | "                                                                                                            | **   | 168,751          |
| *   | Fidelity 500 Index Fund                                       | "                                                                                                            | **   | 1,930,844        |
| *   | Fidelity Emerging Markets Index Fund                          | "                                                                                                            | **   | 46,234           |
| *   | Fidelity Mid Cap Index Fund                                   | "                                                                                                            | **   | 211,392          |

EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN

EIN: 04-1286950

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

| (a) | (b)                                                      | (c)                                                                                                          | (d)  | (e)              |
|-----|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------|
| —   | Identity of issue, borrower, lessor<br>or similar party  | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value |
| *   | Fidelity Real Estate Index Fund                          | "                                                                                                            | **   | 4,258            |
| *   | Fidelity Small Cap Index Fund                            | "                                                                                                            | **   | 131,245          |
| *   | Fidelity Total Market Index Fund                         | "                                                                                                            | **   | 568,331          |
| *   | Fidelity International Index Fund                        | "                                                                                                            | **   | 277,793          |
| *   | Fidelity Extended Market Index Fund                      | "                                                                                                            | **   | 291,784          |
| *   | Fidelity Inflation Protected Bond Index Fund             | "                                                                                                            | **   | 16,060           |
| *   | Fidelity Global Credit Fund                              | "                                                                                                            | **   | 27,982           |
| *   | Fidelity Government Money Market Fund Premium Class      | "                                                                                                            | **   | 63,649           |
| *   | Fidelity Long-Term Treasury Bond Index Fund              | "                                                                                                            | **   | 21,654           |
| *   | Fidelity Strategic Income Fund                           | "                                                                                                            | **   | 167,629          |
| *   | Nuveen International Equity Fund Retirement Class        | "                                                                                                            | **   | 1,808,101        |
| *   | Nuveen Lifecycle Retirement Income Fund Retirement Class | "                                                                                                            | **   | 55,413           |
| *   | Nuveen Large Cap Value Fund Retirement Class             | "                                                                                                            | **   | 1,494,465        |
| *   | Nuveen Lifecycle 2010 Fund Retirement Class              | "                                                                                                            | **   | 3,512            |
| *   | Nuveen Lifecycle 2015 Fund Retirement Class              | "                                                                                                            | **   | 1,114,694        |
| *   | Nuveen Lifecycle 2020 Fund Retirement Class              | "                                                                                                            | **   | 724,250          |
| *   | Nuveen Lifecycle 2025 Fund Retirement Class              | "                                                                                                            | **   | 2,155,521        |
| *   | Nuveen Lifecycle 2030 Fund Retirement Class              | "                                                                                                            | **   | 2,051,561        |
| *   | Nuveen Lifecycle 2035 Fund Retirement Class              | "                                                                                                            | **   | 1,163,375        |
| *   | Nuveen Lifecycle 2040 Fund Retirement Class              | "                                                                                                            | **   | 1,467,091        |
| *   | Nuveen Lifecycle 2045 Fund Retirement Class              | "                                                                                                            | **   | 1,372,735        |
| *   | Nuveen Lifecycle 2050 Fund Retirement Class              | "                                                                                                            | **   | 1,077,819        |
| *   | Nuveen Lifecycle 2055 Fund Retirement Class              | "                                                                                                            | **   | 339,427          |
| *   | Nuveen Mid Cap Growth Fund Retirement Class              | "                                                                                                            | **   | 218,418          |
| *   | Nuveen Mid Cap Value Fund Retirement Class               | "                                                                                                            | **   | 1,041,970        |
| *   | Nuveen Quant Small Cap Equity Fund Retirement Class      | "                                                                                                            | **   | 1,383,576        |
| *   | Nuveen Lifecycle 2060 Fund Retirement Class              | "                                                                                                            | **   | 28,700           |
|     | American Beacon Small Cap Value R6 Fund                  | "                                                                                                            | **   | 363,558          |
|     | American Funds New World R6 Fund                         | "                                                                                                            | **   | 666,242          |
|     | American Century Mid Cap Value R6 Fund                   | "                                                                                                            | **   | 209,218          |
|     | Cohen & Steers Real Estate Securities Z Fund             | "                                                                                                            | **   | 546,133          |
| *   | Fidelity 500 Index Fund                                  | "                                                                                                            | **   | 11,616,039       |
| *   | Fidelity Advisor Total Bond Z Fund                       | "                                                                                                            | **   | 713,311          |
| *   | Fidelity Growth Company K6 Fund                          | "                                                                                                            | **   | 5,210,535        |
|     | Hartford International Opportunities R6 Fund             | "                                                                                                            | **   | 784,000          |
|     | MFS Mid Cap Growth R6 Fund                               | "                                                                                                            | **   | 535,653          |
|     | Parnassus Core Equity Institutional Fund                 | "                                                                                                            | **   | 1,311,894        |
|     | Pioneer Strategic Income K Fund                          | "                                                                                                            | **   | 172,016          |
| *   | Nuveen Lifecycle 2010 R6 Fund                            | "                                                                                                            | **   | 319,892          |
| *   | Nuveen Lifecycle 2015 R6 Fund                            | "                                                                                                            | **   | 1,431,549        |
| *   | Nuveen Lifecycle 2020 R6 Fund                            | "                                                                                                            | **   | 4,762,557        |
| *   | Nuveen Lifecycle 2025 R6 Fund                            | "                                                                                                            | **   | 13,367,712       |
| *   | Nuveen Lifecycle 2030 R6 Fund                            | "                                                                                                            | **   | 9,263,270        |
| *   | Nuveen Lifecycle 2035 R6 Fund                            | "                                                                                                            | **   | 11,510,591       |
| *   | Nuveen Lifecycle 2040 R6 Fund                            | "                                                                                                            | **   | 11,398,320       |
| *   | Nuveen Lifecycle 2045 R6 Fund                            | "                                                                                                            | **   | 11,464,536       |
| *   | Nuveen Lifecycle 2050 R6 Fund                            | "                                                                                                            | **   | 7,213,263        |
| *   | Nuveen Lifecycle 2055 R6 Fund                            | "                                                                                                            | **   | 3,278,012        |
| *   | Nuveen Lifecycle 2060 R6 Fund                            | "                                                                                                            | **   | 1,208,614        |
| *   | Nuveen Lifecycle 2065 R6 Fund                            | "                                                                                                            | **   | 297,034          |
| *   | Nuveen Lifecycle Retirement Income R6 Fund               | "                                                                                                            | **   | 343,279          |
|     | Vanguard Developing Markets Index Fund Admiral Shares    | "                                                                                                            | **   | 3,341,065        |

EMERSON COLLEGE TAX DEFERRED ANNUITY PLAN

EIN: 04-1286950

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

| (a) | (b)                                                                     | (c)                                                                                                          | (d)  | (e)                   |
|-----|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|-----------------------|
|     | Identity of issue, borrower, lessor<br>or similar party                 | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost | Current<br>value      |
|     | Vanguard Equity-Income Fund Admiral Shares                              | "                                                                                                            | **   | 1,441,586             |
|     | Vanguard Explorer Fund Admiral Shares                                   | "                                                                                                            | **   | 846,258               |
|     | Vanguard Inflation Protected Securities Fund Admiral Shares             | "                                                                                                            | **   | 499,730               |
|     | Vanguard Mid Cap Index Fund Admiral Shares                              | "                                                                                                            | **   | 2,429,440             |
|     | Vanguard Small Cap Index Fund Admiral Shares                            | "                                                                                                            | **   | 1,791,695             |
|     | Vanguard Total Bond Market Index Fund Admiral Shares                    | "                                                                                                            | **   | 3,584,213             |
| *   | State Street Instl US Govt Money Market Premier Fund                    | "                                                                                                            | **   | 124,418               |
|     | Total mutual funds                                                      |                                                                                                              |      | <u>151,494,171</u>    |
|     | Total investments at fair value                                         |                                                                                                              |      | 227,841,076           |
|     | <u>Investments at contract value:</u>                                   |                                                                                                              |      |                       |
| *   | TIAA Traditional Benefit Responsive                                     | Guaranteed insurance contract                                                                                | **   | 6,256,540             |
| *   | New York Life Guaranteed Interest Account                               | "                                                                                                            | **   | 3,590,399             |
| *   | Fixed Account Plus                                                      | "                                                                                                            | **   | 2,811,054             |
| *   | Short Term Fixed Account                                                | "                                                                                                            | **   | 949,133               |
|     | Total investments at contract value                                     |                                                                                                              |      | <u>13,607,126</u>     |
|     | Total investments on the statement of net assets available for benefits |                                                                                                              |      | 241,448,202           |
| *   | Participant Loans                                                       | (4.25% - 9.50%)                                                                                              | -    | <u>991,052</u>        |
|     | Total investments on the Form 5500                                      |                                                                                                              |      | <u>\$ 242,439,254</u> |

\*\* Cost omitted for participant directed investments.

\* Indicates party-in-interest to the Plan.



## Schedule C, Line 2(h) Formula Descriptions

Emerson College Tax Deferred Annuity Plan  
 EIN No.: 04-1286950, Plan No. 001  
 Plan Year Ending: 12/31/2024

**Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:**

|                                   |            |
|-----------------------------------|------------|
| TRANSAMERICA RETIREMENT SOLUTIONS | 13-3689044 |
| NATIONAL FINANCIAL SERVICES       | 04-3523567 |

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family | Fund Name                   | Start Date | End Date   | Revenue to Transamerica Retirement Solutions | Revenue to National Financial Services |
|-------------|-----------------------------|------------|------------|----------------------------------------------|----------------------------------------|
| PARNASSUS   | PARNASSUS CORE EQUITY INSTL | 1/1/2024   | 12/31/2024 | 9.670                                        | 0.330                                  |

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Emerson College

Plan Name: Emerson College Tax Deferred Annuity Plan

Plan Year: January 1, 2024 to December 31, 2024

EIN: 04-1286950

Plan No.: 001

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**Item 4i- Schedule of Assets Held at End of Year**

Page 21-25 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.