

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="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>▶ <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="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</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>RETIREMENT PLAN FOR SCOPE EDUCATION SERVICES</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>SCOPE EDUCATION SERVICES</u></p> <p><u>100 LAWRENCE AVENUE</u><br/><u>SMITHTOWN, NY 11787-3618</u></p> | <p><b>1c</b> Effective date of plan<br/><u>09/01/1998</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>11-2073576</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>621-360-0800</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. | 08/01/2025 | PATRICIA WALSH   |
|                  | 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 type="checkbox"/> Same as Plan Sponsor<br><br>SCOPE EDUCATION SERVICES<br><br>100 LAWRENCE AVENUE<br>SMITHTOWN, NY 11787-3618   |  | <b>3b</b> Administrator's EIN<br>11-2073576                |     |
|  |  | <b>3c</b> Administrator's telephone number<br>621-360-0800 |     |
| <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<br><br><b>4d</b> PN                          |     |
| <b>5</b> Total number of participants at the beginning of the plan year  |  | <b>5</b>   | 585 |
| <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> ).   |  |  |     |
| <b>6a(1)</b> Total number of active participants at the beginning of the plan year .....   |  | <b>6a(1)</b>   | 523 |
| <b>6a(2)</b> Total number of active participants at the end of the plan year .....   |  | <b>6a(2)</b>   | 613 |
| <b>b</b> Retired or separated participants receiving benefits.....   |  | <b>6b</b>  | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   |  | <b>6c</b>  | 60  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  |  | <b>6d</b>  | 673 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   |  | <b>6e</b>  | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  |  | <b>6f</b>  | 673 |
| <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) .....   |  | <b>6g(1)</b>   | 570 |
| <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) .....   |  | <b>6g(2)</b>   | 660 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  |  | <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:  
 2L 2G 3D

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

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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>RETIREMENT PLAN FOR SCOPE EDUCATION SERVICES</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>SCOPE EDUCATION SERVICES</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2073576</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  
**TIAA-CREF**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-1624203 | 69345         | 500606                                | 171   | 01/01/2024              | 12/31/2024 |

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

|   |  |
|---|--|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p> |
|---|--|

**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 .....  | 2182583             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 3569678             |
| <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> 1851746   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 69449  |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b> 0      |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 85725  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 193414 |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b> 0      |
|                            | (6) Total additions .....  | <b>7c(6)</b> 348588 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 2200334   |
| <b>e</b>                   | <b>Deductions:</b>   |                     |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 17022  |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 0      |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 0      |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b> 729    |
| (5) Total deductions ..... | <b>7e(5)</b> 17751   |                     |
| <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> 2182583   |

**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>RETIREMENT PLAN FOR SCOPE EDUCATION SERVICES</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>SCOPE EDUCATION SERVICES</b> | <b>D</b> Employer Identification Number (EIN)<br><b>11-2073576</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

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13-1624203

**(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)

TIAA TEACHERS INS & ANN ASS OF AMER

730 THIRD AVE.  
NEW YORK, NY 10017

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? |
|------------------------|---|--|--|--|---|--|
|                        |   | 3809   | 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)

| (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.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> 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> | OMB No. 1210-0110<br><br><hr/> <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>RETIREMENT PLAN FOR SCOPE EDUCATION SERVICES</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>SCOPE EDUCATION SERVICES</u> | <b>D</b> Employer Identification Number (EIN)<br><u>11-2073576</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 TRAD NON BENEFIT RESPON</u>   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                   |                               |  |
| <b>c</b> EIN-PN <u>13-1624203-001</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>1413500</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA TRAD NON BENEFIT RESPON 2</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                   |                               |  |
| <b>c</b> EIN-PN <u>13-1624203-001</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>330242</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA STABLE VALUE</u>              |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                   |                               |  |
| <b>c</b> EIN-PN <u>13-1624203-001</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>438841</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF STOCK R1</u>                  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                   |                               |  |
| <b>c</b> EIN-PN <u>13-1624203-001</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>1214594</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF MONEY MARKET R1</u>           |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                   |                               |  |
| <b>c</b> EIN-PN <u>13-1624203-001</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>149231</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF SOCIAL CHOICE R1</u>          |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                   |                               |  |
| <b>c</b> EIN-PN <u>13-1624203-001</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>30234</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CREF GLOBAL EQUITIES R1</u>        |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                   |                               |  |
| <b>c</b> EIN-PN <u>13-1624203-001</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>307992</u>  |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CREF GROWTH R1                 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 549021 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CREF EQUITY INDEX R1           |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206782 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CREF INFLATION-LINKED BOND R1  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48259  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE               |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 339296 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV CORE PL BD T4  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV EQUITY IDX T4  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6767   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV CORE EQUITY T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1599   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV INTL EQUITY T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18742  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LRG CAP GR T4  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5804   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LRG CAP VAL T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36428  |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2010 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5969   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2015 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6804   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2020 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19880  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2025 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46678  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2030 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138525 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2035 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36724  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2040 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21429  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2045 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51863  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2050 T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85651  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV MID CAP GRW T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10440  |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV MID CAP VAL T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15922  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV RLESTSECSEL T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8972   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV SM CP BL IX T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9105   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV QT SM CP EQ T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5347   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LGCP RES EQ T4 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1556   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CREF CORE BOND R1              |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189836 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN CORE BOND PREMIER       |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55121  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2010 RETIRE  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115776 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2015 RETIRE  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31515  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2020 RETIRE  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                   |                        |  |
| <b>c</b> EIN-PN 13-1624203-001  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109277 |

|  |                        |  |
|--|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2025 RETIRE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226248 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2030 RETIRE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 579900 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2035 RETIRE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174891 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2040 RETIRE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304456 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2045 RETIRE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 201502 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2050 RETIRE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246645 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2055 RETIRE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138841 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCL IX RET INC RETIRE |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8196   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN MONEY MARKET RETIREMENT  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19962  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN S&P 500 INDEX RETIRE     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60743  |

|  |                        |  |
|--|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SMALL CAP BLD IDX RTMT   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9080   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INFLAT PROT BND INST  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14120  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON GROWTH Z          |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165251 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD DIVIDEND & GROWTH R5   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30791  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF EUROPACIFIC GROWTH FUND R4   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13663  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND R4    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17186  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2060 RETIRE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143493 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS INTL SMCPIINS INV |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3855   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AM CENTURY MID CAP VALUE INV    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17750  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL MIDCAP FUND R5        |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): TIAA-CREF                    |                        |  |
| <b>c</b> EIN-PN 13-1624203-001   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6050   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BAIRD SHORT TERM BOND FUND INV

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

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 13-1624203-001 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 27815 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL BOND ADVISOR

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

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 13-1624203-001 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12208 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA INTL EQUITY I

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

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 13-1624203-001 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 24928 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LFCYCLE IX 2065 RETIRE

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

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 13-1624203-001 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 24312 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS NEW WORLD R4

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

|                                |                        |   |      |
|--------------------------------|------------------------|---|------|
| <b>c</b> EIN-PN 13-1624203-001 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7387 |
|--------------------------------|------------------------|---|------|

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

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

|                                |                        |   |      |
|--------------------------------|------------------------|---|------|
| <b>c</b> EIN-PN 13-1624203-001 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 4215 |
|--------------------------------|------------------------|---|------|

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

**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):

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| <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):

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| <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):

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| <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>SCHEDULE H</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>Financial Information</b><br><br>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).<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 <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>RETIREMENT PLAN FOR SCOPE EDUCATION SERVICES</b>                             | <b>B</b> Three-digit plan number (PN) <b>▶</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SCOPE EDUCATION SERVICES</b>         | <b>D</b> Employer Identification Number (EIN)<br><b>11-2073576</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 972                   | 3037            |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 132720                | 149231          |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 358202                | 339296          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 5015672               | 5876339         |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1851746               | 2182583         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....  | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 7359312               | 8550486         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 7359312               | 8550486         |

**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> | 463110     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 144170     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 3195       |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          | 610475    |
| (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>    |            |           |
| <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> | 0          |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 20165      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 20165     |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 102884     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 102884    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 0          |           |
| <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> | 0          |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 0          |           |
| <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 .....                              | 2b(6)      | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | -15650    |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 726342    |
| <b>c</b> Other income .....   | 2c         | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | 2d         | 1444216   |

**Expenses**

|  |        |        |
|--|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | 2e(1)  | 249233 |
| (2) To insurance carriers for the provision of benefits .....                              | 2e(2)  | 0      |
| (3) Other.....   | 2e(3)  | 0      |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                              | 2e(4)  | 249233 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f     | 0      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g     | 0      |
| <b>h</b> Interest expense.....   | 2h     | 0      |
| <b>i</b> Administrative expenses:  |        |        |
| (1) Salaries and allowances .....  | 2i(1)  | 0      |
| (2) Contract administrator fees .....  | 2i(2)  | 3809   |
| (3) Recordkeeping fees .....   | 2i(3)  | 0      |
| (4) IQPA audit fees .....  | 2i(4)  | 0      |
| (5) Investment advisory and investment management fees .....                               | 2i(5)  | 0      |
| (6) Bank or trust company trustee/custodial fees .....                                     | 2i(6)  | 0      |
| (7) Actuarial fees .....   | 2i(7)  | 0      |
| (8) Legal fees .....   | 2i(8)  | 0      |
| (9) Valuation/appraisal fees .....   | 2i(9)  | 0      |
| (10) Other trustee fees and expenses .....   | 2i(10) | 0      |
| (11) Other expenses.....   | 2i(11) | 0      |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                     | 2i(12) | 3809   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j     | 253042 |

**Net Income and Reconciliation**

|  |       |         |
|--|-------|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    | 1191174 |
| <b>l</b> Transfers of assets:                                  |       |         |
| (1) To this plan.....  | 2l(1) | 0       |
| (2) From this plan .....                                       | 2l(2) | 0       |

**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: **CERINI & ASSOCIATES LLP**

(2) EIN: **11-3066459**

**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   |    | 500000 |
| <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.  |     |    |        |

**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><b>RETIREMENT PLAN FOR SCOPE EDUCATION SERVICES</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>SCOPE EDUCATION SERVICES</b> | <b>D</b> Employer Identification Number (EIN)<br><b>11-2073576</b> |            |

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

**All references to distributions relate only to payments of benefits during the plan year.**

|   |          |          |
|---|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | <b>1</b> | <b>0</b> |
|---|----------|----------|

**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): \_\_\_\_\_

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

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

|                |   |
|----------------|---|
| <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 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A.

**SCOPE EDUCATION SERVICES  
403(B) DC PLAN**

**PLAN NUMBER: 001  
PLAN EIN: 11-2073576**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

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**SCOPE EDUCATION SERVICES**  
**403(B) DC PLAN**  
**PLAN NUMBER: 001**  
**PLAN EIN: 11-2073576**

**FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**  
**TABLE OF CONTENTS**

---

Independent Auditors' Report ..... 1

**Audited Financial Statements**

Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023..... 5

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024..... 6

Notes to Financial Statements ..... 7

**Supplemental Schedule**

Schedule of Assets (Held at End of Year) as of December 31, 2024 ..... 15



**CERINI**  
*&*  
**ASSOCIATES** LLP  
CERTIFIED PUBLIC ACCOUNTANTS

## INDEPENDENT AUDITORS' REPORT

To the Trustees of  
SCOPE Education Services  
403(b) DC Plan  
Hauppauge, New York

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion*

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

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

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### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits 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 U.S. 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 for one year after the date that the financial statements are 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.

### ***Auditors' Responsibilities for the Audits of 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 auditors' 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. 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 U.S. GAAP.

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

***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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 Department of Labor'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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Cerini & Associates LLP*

Bohemia, New York  
July 22, 2025

**SCOPE EDUCATION SERVICES**  
**403(B) DC PLAN**  
**PLAN NUMBER: 001**  
**PLAN EIN: 11-2073576**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31,**

**2024**                      **2023**

| <b>ASSETS</b>   |                     |                     |
|---|---------------------|---------------------|
| Investments at fair value:  |                     |                     |
| Investments in mutual funds.....                                    | \$ 6,025,570        | \$ 5,148,392        |
| Guaranteed investment contracts (non fully benefit-responsive)..... | 1,743,742           | 1,479,606           |
| Investments in pooled separate accounts.....                        | 339,296             | 358,202             |
| <b>TOTAL INVESTMENTS AT FAIR VALUE</b>                              | <b>8,108,608</b>    | <b>6,986,200</b>    |
| Investments at contract value:                                      |                     |                     |
| Guaranteed investment contracts (fully benefit-responsive).....     | 438,841             | 372,140             |
| <b>TOTAL INVESTMENTS</b>  | <b>8,547,449</b>    | <b>7,358,340</b>    |
| Receivables:  |                     |                     |
| Employer contributions.....   | 3,037               | 972                 |
| <b>TOTAL ASSETS</b>   | <b>\$ 8,550,486</b> | <b>\$ 7,359,312</b> |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                            | <b>\$ 8,550,486</b> | <b>\$ 7,359,312</b> |

**SCOPE EDUCATION SERVICES**  
**403(B) DC PLAN**  
**PLAN NUMBER: 001**  
**PLAN EIN: 11-2073576**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

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**ADDITIONS:**

Additions to net assets attributed to:

|  |    |                  |
|--|----|------------------|
| Investment income:                                 |    |                  |
| Net appreciation in fair value of investments..... | \$ | 710,692          |
| Interest and dividends .....                       |    | 123,049          |
| <b>TOTAL INVESTMENT INCOME</b>                     |    | <b>833,741</b>   |
| Employer contributions.....                        |    | 463,110          |
| Participant contributions.....                     |    | 144,170          |
| Rollover contributions.....                        |    | 3,195            |
| <b>TOTAL ADDITIONS</b>                             |    | <b>1,444,216</b> |

**DEDUCTIONS:**

Deductions from net assets attributed to:

|  |  |                  |
|--|--|------------------|
| Benefits paid to participants.....                       |  | 249,233          |
| Fees.....  |  | 3,809            |
| <b>TOTAL DEDUCTIONS</b>                                  |  | <b>253,042</b>   |
| <b>NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b> |  | <b>1,191,174</b> |

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                        |  |              |
|------------------------|--|--------------|
| Beginning of year..... |  | 7,359,312    |
| End of year.....       |  | \$ 8,550,486 |

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

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**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

This summary of significant accounting policies of the SCOPE Education Services 403(b) DC Plan (the “Plan”) is presented to assist in understanding the Plan’s financial statements and supplemental information. These financial statements, supplemental information, and notes are representations of SCOPE Education Services’ (hereinafter, the “Employer” or the “Plan Sponsor”) management, who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America (“U.S. GAAP”) and have been consistently applied in the preparation of the financial statements and supplemental schedule.

Basis of Accounting: The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. GAAP.

Investment Valuation and Income Recognition: The Plan’s investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts since contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan (see Note 5). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for 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 includes the Plan’s gains and losses on investments bought and sold as well as held during the year. During the year ended December 31, 2024, the Plan’s net appreciation (including gains and losses on investments bought and sold, as well as held during the year) was \$710,692.

Use of Estimates: The preparation of financial statements in conformity with U.S. GAAP 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. Accordingly, actual results could differ from those estimates.

Payment of Benefits: Benefits are recorded when paid to the Plan’s participants.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Participants may be charged a one-time fee for certain transactions. Investment-related expenses are included in net appreciation of fair value of investments.

Events Occurring After Report Date: The Plan Sponsor has evaluated events and transactions that occurred between January 1, 2025 and July 22, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

**NOTES TO FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

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**NOTE 2 - DESCRIPTION OF THE PLAN**

The following brief description of the Plan provides general information. Participants should refer to the Plan document, which is available from the Plan Sponsor, for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution pension plan sponsored by the Plan Sponsor and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan covers all employees of the Plan Sponsor who have worked 1,000 hours within an anniversary year and are ages twenty-one or older. Teachers Insurance and Annuity Association - College Retirement Equities Fund ("TIAA-CREF") serves as both Plan trustee and custodian of the Plan assets pursuant to the terms of the Plan.

Contributions: Participants may contribute 2% of pre-tax compensation as defined in the Plan, subject to the Internal Revenue Service ("IRS") limitations, by means of payroll deductions. The employer will make certain contributions ranging from 2% to 6% of the employees' eligible earnings, as defined in the Plan document. Participants are allowed to transfer or rollover funds into the Plan from other qualified retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participants' Accounts: Each participant's account is credited with the participant's contributions and Employer's contributions, plus a proportionate interest in the investment earnings or losses of the funds in which the contributions are invested. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are vested immediately in their contributions, the Employer's contributions, and actual earnings thereon; therefore, there are no forfeitures in the Plan.

Notes Receivable from Participants: As outlined in the Plan document, participants are not permitted to take out a loan from their account.

Payment of Benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Plan Termination: Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

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**NOTE 2 - DESCRIPTION OF THE PLAN (continued)**

Plan Amendments: The Plan Sponsor has the right to amend the Plan at any time provided by plan document provisions. During 2022, the Plan was amended to include applicable provisions of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") and applicable provisions of the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act").

**NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN**

All investment information disclosed in the accompanying financial statements as of December 31, 2024 and 2023, and ERISA-required supplemental schedule, including net appreciation in fair value of investments, dividends, and interest for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA-CREF.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

Accounting standards establish a framework for measuring fair value, providing a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the value hierarchy are described below:

- 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 specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset and liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

**SCOPE EDUCATION SERVICES**  
**403(B) DC PLAN**  
**PLAN NUMBER: 001**  
**PLAN EIN: 11-2073576**

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

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**NOTE 4 - FAIR VALUE MEASUREMENTS (continued)**

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

Guaranteed Investment Contracts (“GIC”): GIC, excluding those that are fully benefit-responsive, are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date), while others are substantiated utilizing available market data (for example, swap curve rate).

Pooled Separate Accounts: Pooled separate accounts seek returns through rental income and appreciation of real estate and real estate-related investments. The accounts also invest in publicly traded securities and other investments that can be quickly converted to cash. The accounts are valued at the close of each business day. The values of the properties are adjusted daily to account for capital expenditures and appraisals as they occur. In general, appraisals are obtained on a quarterly basis.

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

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023:

|                                  | <b>Assets at Fair Value as of December 31, 2024</b> |                |                |              |
|----------------------------------|---|----------------|----------------|--------------|
|                                  | <b>Level 1</b>                                      | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b> |
| Mutual funds .....               | \$ -  | \$ 6,025,570   | \$ -           | \$ 6,025,570 |
| GIC .....                        | -   | -              | 1,743,742      | 1,743,742    |
| Pooled separate accounts .....   | -   | 339,296        | -              | 339,296      |
| Total assets at fair value ..... | \$ -  | \$ 6,364,866   | \$ 1,743,742   | \$ 8,108,608 |

**SCOPE EDUCATION SERVICES**  
**403(B) DC PLAN**  
**PLAN NUMBER: 001**  
**PLAN EIN: 11-2073576**

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

**NOTE 4 - FAIR VALUE MEASUREMENTS (continued)**

| Assets at Fair Value as of December 31, 2023 |         |              |              |              |
|--|---------|--------------|--------------|--------------|
|  | Level 1 | Level 2      | Level 3      | Total        |
| Mutual funds .....                           | \$ -    | \$ 5,148,392 | \$ -         | \$ 5,148,392 |
| GIC .....                                    | -       | -            | 1,479,606    | 1,479,606    |
| Pooled separate accounts .....               | -       | 358,202      | -            | 358,202      |
| Total assets at fair value .....             | \$ -    | \$ 5,506,594 | \$ 1,479,606 | \$ 6,986,200 |

The changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2024 includes investment income of \$75,221, purchases of \$24,574, withdrawals of \$17,068, and transfers in of \$181,409.

The GIC with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contracts is determined by discounting the related cash flows based on an appropriate risk-adjusted market discount rate which correlates closely with the investment's historical credit rates. The following table represent the Plan's Level 3 instruments:

| <i>Instrument</i>                             | <i>Fair Value at 12/31/24</i> | <i>Principal Valuation Technique</i>                          | <i>Unobservable Inputs</i>          | <i>Range of Significant Input Values</i>  | <i>Weighted Average</i> |
|---|-------------------------------|---|-------------------------------------|---|-------------------------|
| TIAA Traditional Non Fully Benefit-Responsive | \$1,743,742                   | Discounted cash flow<br><br>Theoretical transfer (exit value) | Risk-adjusted discount rate applied | GRA: 3.65% to 6.50%<br>RC: 3.90% to 6.75% | 4.61%                   |

| <i>Instrument</i>                             | <i>Fair Value at 12/31/23</i> | <i>Principal Valuation Technique</i>                          | <i>Unobservable Inputs</i>          | <i>Range of Significant Input Values</i> | <i>Weighted Average</i> |
|---|-------------------------------|---|-------------------------------------|--|-------------------------|
| TIAA Traditional Non Fully Benefit-Responsive | \$1,479,606                   | Discounted cash flow<br><br>Theoretical transfer (exit value) | Risk-adjusted discount rate applied | GRA: 4% to 6.75%<br>RC: 4.25% to 7.00%   | 4.85%                   |

**NOTES TO FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

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**NOTE 5 - GUARANTEED INVESTMENT CONTRACTS - FULLY BENEFIT-RESPONSIVE**

The Plan holds a portfolio of investment contracts that comprises a traditional investment contract (TIAA Stable Value). These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts since this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

As part of the contracts, the Insurance Company maintains a portion of the contributions in a "guaranteed account", which is called TIAA Stable Value. The account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses charged by the Insurance Company. The guaranteed minimum rate of interest is based on a formula established by the Insurance Company and is between 1.00% and 3.00%. Any additional interest is not guaranteed. The Traditional Annuity does not permit the Insurance Company to terminate the agreement prior to the scheduled maturity date.

Certain Traditional Annuity individual annuity contracts are considered to be non-fully benefit-responsive. These contracts are included in the financial statements by discounting the related cash flows based on current yield of similar instruments with comparable durations considering credit worthiness of the issuer. These contracts are subject to a 10-year withdrawal period. Upon termination of the contracts, the amount of each transfer payout annuity payment will be determined as of the annuity starting date for the transfer payout annuity by the amount of the Traditional Fixed Account accumulation and the interest rates in the rate schedules under which any premiums, additional amounts, and internal transfers were applied to the account. The portion of the investment contracts with TIAA that is not fully benefit-responsive was \$1,743,742 and \$1,479,606 as of December 31, 2024 and 2023, respectively.

The TIAA Stable Value annuity contracts meet the fully benefit-responsive criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts since this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Upon termination of the investment contract, the lump sum liquidation value of the guaranteed account portion of the participant's accumulation value shall be equal to the product of (a) the participant's guaranteed account accumulation value of the liquidation date, reduced by the liquidation charge applicable on the liquidation date and (b) a market value adjustment percentage. There are no reserves against the contract value for credit risk of the contract issuer or otherwise. This portion of the investment contract is included in the financial statements at contract value as reported to the Plan by TIAA at \$438,841 and \$372,140 on December 31, 2024 and 2023, respectively.

The Stable Value investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established

**NOTES TO FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

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**NOTE 5 - GUARANTEED INVESTMENT CONTRACTS - FULLY BENEFIT-RESPONSIVE  
(continued)**

by the contract issuer and is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

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 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 other 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 significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

**NOTE 6 - INCOME TAX STATUS**

The IRS has determined and informed the Plan Sponsor, by a letter dated September 6, 2006, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires a Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor and IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

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**NOTE 7 - TRANSACTIONS WITH PARTY-IN-INTEREST**

Certain Plan investments are shares of mutual funds managed by TIAA-CREF. TIAA-CREF is the trustee as defined by the Plan, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

**NOTE 8 - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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 accompanying statements of net assets available for benefits.

## **SUPPLEMENTAL SCHEDULE**

**SCOPE EDUCATION SERVICES**  
**403(B) DC PLAN**  
**PLAN NUMBER: 001**  
**PLAN EIN: 11-2073576**

**IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN**  
**Schedule H, Line 4(i)**  
**Schedule of Assets (Held at End of Year) December 31, 2024**

| (a) | (b) Identity of issue, borrower,<br>lessor, or similiary party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current<br>Value |
|-----|--|--|----------|----------------------|
|     | Description:   |  |          |                      |
| *   | TIAA CREF Investments  | TIAA Traditional Non Benefit Responsive  | {+}      | \$ 1,413,500         |
| *   | TIAA CREF Investments  | TIAA Traditional Non Benefit Responsive 2  | {+}      | 330,242              |
| *   | TIAA CREF Investments  | TIAA Stable Value  | {+}      | 438,841              |
| *   | TIAA CREF Investments  | TIAA Real Estate   | {+}      | 339,296              |
| *   | TIAA CREF Investments  | CREF Stock   | {+}      | 1,214,594            |
| *   | TIAA CREF Investments  | CREF Money Market  | {+}      | 149,231              |
| *   | TIAA CREF Investments  | CREF Social Choice   | {+}      | 30,234               |
| *   | TIAA CREF Investments  | CREF Global Equities   | {+}      | 307,992              |
| *   | TIAA CREF Investments  | CREF Growth  | {+}      | 549,021              |
| *   | TIAA CREF Investments  | CREF Equity Index  | {+}      | 206,782              |
| *   | TIAA CREF Investments  | CREF Inflation-Linked Bond   | {+}      | 48,259               |
| *   | TIAA CREF Investments  | TIAA Access Nuv Core PI Bd   | {+}      | 228                  |
| *   | TIAA CREF Investments  | TIAA Access Nuv Equity Idx   | {+}      | 6,767                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Core Equity  | {+}      | 1,599                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Intl Equity  | {+}      | 18,742               |
| *   | TIAA CREF Investments  | TIAA Access Nuv Lrg Cap Gr   | {+}      | 5,804                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Lrg Cap Val  | {+}      | 36,428               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2010  | {+}      | 5,969                |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2015  | {+}      | 6,804                |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2020  | {+}      | 19,880               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2025  | {+}      | 46,678               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2030  | {+}      | 138,525              |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2035  | {+}      | 36,724               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2040  | {+}      | 21,429               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2045  | {+}      | 51,863               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2050  | {+}      | 85,651               |
| *   | TIAA CREF Investments  | TIAA Access Nuv Mid Cap Grw  | {+}      | 10,440               |
| *   | TIAA CREF Investments  | TIAA Access Nuv Mid Cap Val  | {+}      | 15,922               |
| *   | TIAA CREF Investments  | TIAA Access Nuv RIEstSecSel  | {+}      | 8,972                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Sm Cp BI Ix  | {+}      | 9,105                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Qt Sm Cp Eq  | {+}      | 5,347                |
| *   | TIAA CREF Investments  | TIAA Access Nuv LgCp Res Eq  | {+}      | 1,556                |
| *   | TIAA CREF Investments  | CREF Core Bond   | {+}      | 189,836              |
| *   | TIAA CREF Investments  | Nuveen Core Bond Premier   | {+}      | 55,121               |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2010 Retire  | {+}      | 115,776              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2015 Retire  | {+}      | 31,525               |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2020 Retire  | {+}      | 109,277              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2025 Retire  | {+}      | 226,248              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2030 Retire  | {+}      | 579,900              |

**SCOPE EDUCATION SERVICES**

**403(B) DC PLAN**

**PLAN NUMBER: 001**

**PLAN EIN: 11-2073576**

**IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN**

**Schedule H, Line 4(i)**

**Schedule of Assets (Held at End of Year) December 31, 2024**

| (a) | (b) Identity of issue, borrower,<br>lessor, or similiary party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current<br>Value |
|-----|--|--|----------|----------------------|
|     |  | Description:   |          |                      |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2035 Retire  | {+}      | 174,891              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2040 Retire  | {+}      | 304,456              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2045 Retire  | {+}      | 201,502              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2050 Retire  | {+}      | 246,645              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2055 Retire  | {+}      | 138,841              |
| *   | TIAA CREF Investments  | Nuveen LfCyc Ix Ret Inc Retire   | {+}      | 8,196                |
| *   | TIAA CREF Investments  | Nuveen Money Market Retirement   | {+}      | 19,962               |
| *   | TIAA CREF Investments  | Nuveen S&P 500 Index Retire  | {+}      | 60,743               |
| *   | TIAA CREF Investments  | Nuveen Small Cap Bld Idx Rtmt  | {+}      | 9,080                |
| *   | TIAA CREF Investments  | BlackRock Inflat Prot Bnd Inst   | {+}      | 14,120               |
| *   | TIAA CREF Investments  | PGIM Jennison Growth Z   | {+}      | 165,251              |
| *   | TIAA CREF Investments  | Hartford Dividend & Growth   | {+}      | 30,791               |
| *   | TIAA CREF Investments  | AF EuroPacific Growth Fund   | {+}      | 13,663               |
| *   | TIAA CREF Investments  | AF American Balanced Fund  | {+}      | 17,186               |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2060 Retire  | {+}      | 143,493              |
| *   | TIAA CREF Investments  | Goldman Sachs Intl SmCplns Inv   | {+}      | 3,855                |
| *   | TIAA CREF Investments  | Am Century Mid Cap Value Inv   | {+}      | 17,750               |
| *   | TIAA CREF Investments  | Principal MidCap Fund  | {+}      | 6,050                |
| *   | TIAA CREF Investments  | Baird Short Term Bond Fund Inv   | {+}      | 27,815               |
| *   | TIAA CREF Investments  | AB Global Bond Advisor   | {+}      | 12,209               |
| *   | TIAA CREF Investments  | Transamerica Intl Equity I   | {+}      | 24,928               |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2065 Retire  | {+}      | 24,312               |
| *   | TIAA CREF Investments  | American Fds New World   | {+}      | 7,387                |
| *   | TIAA CREF Investments  | PIMCO Income Admin   | {+}      | 4,215                |
|     | Total  |  |          | \$ 8,547,449         |

{+} Note: Cost information has been omitted, as such information was not available.

\* Denotes party-in-interest.

**SCOPE EDUCATION SERVICES**  
**403(B) DC PLAN**  
**PLAN NUMBER: 001**  
**PLAN EIN: 11-2073576**

**IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN**  
**Schedule H, Line 4(i)**  
**Schedule of Assets (Held at End of Year) December 31, 2024**

| (a) | (b) Identity of issue, borrower,<br>lessor, or similiary party | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current<br>Value |
|-----|--|--|----------|----------------------|
|     | Description:   |  |          |                      |
| *   | TIAA CREF Investments  | TIAA Traditional Non Benefit Responsive  | {+}      | \$ 1,413,500         |
| *   | TIAA CREF Investments  | TIAA Traditional Non Benefit Responsive 2  | {+}      | 330,242              |
| *   | TIAA CREF Investments  | TIAA Stable Value  | {+}      | 438,841              |
| *   | TIAA CREF Investments  | TIAA Real Estate   | {+}      | 339,296              |
| *   | TIAA CREF Investments  | CREF Stock   | {+}      | 1,214,594            |
| *   | TIAA CREF Investments  | CREF Money Market  | {+}      | 149,231              |
| *   | TIAA CREF Investments  | CREF Social Choice   | {+}      | 30,234               |
| *   | TIAA CREF Investments  | CREF Global Equities   | {+}      | 307,992              |
| *   | TIAA CREF Investments  | CREF Growth  | {+}      | 549,021              |
| *   | TIAA CREF Investments  | CREF Equity Index  | {+}      | 206,782              |
| *   | TIAA CREF Investments  | CREF Inflation-Linked Bond   | {+}      | 48,259               |
| *   | TIAA CREF Investments  | TIAA Access Nuv Core PI Bd   | {+}      | 228                  |
| *   | TIAA CREF Investments  | TIAA Access Nuv Equity Idx   | {+}      | 6,767                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Core Equity  | {+}      | 1,599                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Intl Equity  | {+}      | 18,742               |
| *   | TIAA CREF Investments  | TIAA Access Nuv Lrg Cap Gr   | {+}      | 5,804                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Lrg Cap Val  | {+}      | 36,428               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2010  | {+}      | 5,969                |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2015  | {+}      | 6,804                |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2020  | {+}      | 19,880               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2025  | {+}      | 46,678               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2030  | {+}      | 138,525              |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2035  | {+}      | 36,724               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2040  | {+}      | 21,429               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2045  | {+}      | 51,863               |
| *   | TIAA CREF Investments  | TIAA Access Nuv LifCyc 2050  | {+}      | 85,651               |
| *   | TIAA CREF Investments  | TIAA Access Nuv Mid Cap Grw  | {+}      | 10,440               |
| *   | TIAA CREF Investments  | TIAA Access Nuv Mid Cap Val  | {+}      | 15,922               |
| *   | TIAA CREF Investments  | TIAA Access Nuv RIEstSecSel  | {+}      | 8,972                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Sm Cp BI Ix  | {+}      | 9,105                |
| *   | TIAA CREF Investments  | TIAA Access Nuv Qt Sm Cp Eq  | {+}      | 5,347                |
| *   | TIAA CREF Investments  | TIAA Access Nuv LgCp Res Eq  | {+}      | 1,556                |
| *   | TIAA CREF Investments  | CREF Core Bond   | {+}      | 189,836              |
| *   | TIAA CREF Investments  | Nuveen Core Bond Premier   | {+}      | 55,121               |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2010 Retire  | {+}      | 115,776              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2015 Retire  | {+}      | 31,525               |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2020 Retire  | {+}      | 109,277              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2025 Retire  | {+}      | 226,248              |
| *   | TIAA CREF Investments  | Nuveen LfCycle Ix 2030 Retire  | {+}      | 579,900              |

**SCOPE EDUCATION SERVICES**

**403(B) DC PLAN**

**PLAN NUMBER: 001**

**PLAN EIN: 11-2073576**

**IRS FORM 5500 - ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN**

**Schedule H, Line 4(i)**

**Schedule of Assets (Held at End of Year) December 31, 2024**

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