

|   |   |  |
|---|---|--|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|---|--|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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

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

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

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

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

special extension (enter description)

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

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

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>AMERICAN METEOROLOGICAL SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</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>AMERICAN METEOROLOGICAL SOCIETY</u></p> <p><u>45 BEACON STREET</u><br/><u>BOSTON, MA 02108-3631</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/1966</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>04-2103657</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>617-227-2425</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>813000</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. | 10/09/2025 | ANDREA MANCINELLI  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 212 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 85  |
|   | <b>6a(2)</b>                               | 78  |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 131 |
|   | <b>6d</b>                                  | 209 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 209 |
|   | <b>6g(1)</b>                               | 211 |
| <b>6g(2)</b>  | 208  |     |
| <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 2F 2M 3D 2T

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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|   |  |   |
|---|--|---|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">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 style="font-size: 24pt;"><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/><span style="color: blue;">AMERICAN METEOROLOGICAL SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN</span></p>    | <p><b>B</b> Three-digit plan number (PN) ▶</p>  | <p><span style="color: blue;">002</span></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">AMERICAN METEOROLOGICAL SOCIETY</span></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">04-2103657</span></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         | 357059                                | 166   | 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |          |
|--|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 7560910  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 17412940 |

**6** Contracts With Allocated Funds:

**a** 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> |  |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b** 7933270

|   |              |        |
|---|--------------|--------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 66837  |
|   | <b>7c(2)</b> |        |
|   | <b>7c(3)</b> | 335425 |
|   | <b>7c(4)</b> | 438759 |
|   | <b>7c(5)</b> |        |

(6) Total additions ..... **7c(6)** 841021

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 8774291

**e** Deductions:

|   |              |        |
|---|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 631094 |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |        |
| (3) Transferred to separate account .....                                 | <b>7e(3)</b> | 581678 |
| (4) Other (specify below).....<br>▶ FEES                                  | <b>7e(4)</b> | 609    |

(5) Total deductions ..... **7e(5)** 1213381

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 7560910

**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>    |  | 0 |
| <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>    |  | 0 |
|          | (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> |  | 0 |
|          | (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>AMERICAN METEOROLOGICAL SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN</b>    | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMERICAN METEOROLOGICAL SOCIETY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>04-2103657</b> |            |

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

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

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

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

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

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

TIAA

13-1624203

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

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

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

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

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

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

TIAA

13-1624203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 64                     | RECORDKEEPER  | 23238  | 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)

TONNESON & COMPANY, PC

04-2943536

| (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? |
|------------------------|---|--|--|--|---|--|
| 10                     | ACCOUNTANT  | 18076  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GLOBAL RETIREMENT PARTNERS, LLC

20 N. MAIN STREET  
PEARL RIVER, NY 10965

| (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? |
|------------------------|---|--|--|--|---|--|
| 26                     | INVESTMENT ADVISOR  | 9500   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>AMERICAN METEOROLOGICAL SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN</u>           | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>AMERICAN METEOROLOGICAL SOCIETY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-2103657</u> |            |

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

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>     |                               |   |
| <b>c</b> EIN-PN <u>13-1624203-004</u>                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>890531</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                         |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                      |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



|  |  |  |
|--|--|--|
| <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>AMERICAN METEOROLOGICAL SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN</b>     | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMERICAN METEOROLOGICAL SOCIETY</b>  | <b>D</b> Employer Identification Number (EIN)<br><b>04-2103657</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.

| Assets  | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         | 890531          |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 26435365        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 7560910         |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         |                 |

| 1d Employer-related investments:                                  |       | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities.....                                      | 1d(1) |                       |                 |
| (2) Employer real property.....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation.....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e).....      | 1f    | 32852389              | 34886806        |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    |                       |                 |
| h Operating payables.....   | 1h    |                       |                 |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | 0                     | 0               |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 32852389              | 34886806        |

**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: (A) Employers.....                                  | 2a(1)(A) | 601827     |           |
| (B) Participants.....  | 2a(1)(B) | 530530     |           |
| (C) Others (including rollovers).....  | 2a(1)(C) | 6144       |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 1138501   |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) |            |           |
| (B) U.S. Government securities.....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) |            |           |
| (E) Participant loans.....   | 2b(1)(E) | 147        |           |
| (F) Other.....   | 2b(1)(F) | 335426     |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 335573    |
| (2) Dividends:   |          |            |           |
| (A) Preferred stock.....   | 2b(2)(A) |            |           |
| (B) Common stock.....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) | 323308     |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 323308    |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:   |          |            |           |
| (A) Aggregate proceeds.....  | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets:  |          |            |           |
| (A) Real estate.....   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | -48715    |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 3910407   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 38917     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 5697991   |

**Expenses**

|  |               |         |         |
|--|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 3388583 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  | 216133  |         |
| (3) Other.....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 3604716 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense.....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:  |               |         |         |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  | 23238   |         |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  | 18076   |         |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 14250   |         |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....   | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |         |         |
| (11) Other expenses.....   | <b>2i(11)</b> | 3294    |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 58858   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 3663574 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2034417 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **TONNESON & COMPANY PC**

(2) EIN: **04-2943536**

**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><u>AMERICAN METEOROLOGICAL SOCIETY DEFINED CONTRIBUTION RETIREMENT PLAN</u>    | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMERICAN METEOROLOGICAL SOCIETY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-2103657</u> |            |

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

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 82-2826183

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

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

|   |  |
|---|--|
| 3 |  |
|---|--|

|                |   |
|----------------|---|
| <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 J500954A.

**AMERICAN METEOROLOGICAL SOCIETY  
DEFINED CONTRIBUTION RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
YEAR ENDED DECEMBER 31, 2024**

**tonneson + co**

Certified Public Accountants & Consultants

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

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## INDEPENDENT AUDITOR'S REPORT

The Plan Administrator  
American Meteorological Society Defined Contribution Retirement Plan  
Boston, Massachusetts

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

We have performed audits of the accompanying financial statements of American Meteorological Society Defined Contribution Retirement 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 American Meteorological Society Defined Contribution Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

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

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the American Meteorological Society Defined Contribution Retirement 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.

**tonneson + co**

Certified Public Accountants & Consultants

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## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

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

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

## **Other Matters**

### **Supplemental Schedule Required by ERISA**

The supplemental 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the 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).

*Tonnerson & Company, PC*

Wakefield, Massachusetts  
October 8, 2025

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**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2024 AND 2023**

|  | <b><u>2024</u></b>          | <b><u>2023</u></b>          |
|--|-----------------------------|-----------------------------|
| <b>ASSETS:</b>                           |                             |                             |
| Investments, at fair value               | \$ 33,697,107               | \$ 31,538,521               |
| Investments, at contract value           | 1,189,699                   | 1,293,146                   |
| Notes receivable from participants       | <u>-</u>                    | <u>20,722</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b><u>\$ 34,886,806</u></b> | <b><u>\$ 32,852,389</u></b> |

See Notes to Financial Statements.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE**  
**FOR BENEFITS**

**YEAR ENDED DECEMBER 31, 2024**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

**Investment income:**

|  |                  |
|--|------------------|
| Interest and dividend income   | \$ 658,734       |
| Realized and unrealized appreciation in fair value of investments, net | <u>3,861,692</u> |
| Total investment income  | <u>4,520,426</u> |

**Interest income on notes receivable from participants**

147

**Contributions:**

|                                    |                  |
|------------------------------------|------------------|
| Employee 401(k) and Roth deferrals | 530,530          |
| Employer match                     | 601,827          |
| Employee rollover                  | <u>6,144</u>     |
| Total contributions                | <u>1,138,501</u> |

**Other income:**

|                        |               |
|------------------------|---------------|
| Revenue sharing income | 38,319        |
| Other income           | <u>598</u>    |
| Total other income     | <u>38,917</u> |

Total additions 5,697,991

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

|  |               |
|--|---------------|
| Benefits paid to participants                                | 3,388,583     |
| Benefits paid to insurance carrier for provision of benefits | 216,133       |
| Administrative expenses                                      | <u>58,858</u> |

Total deductions 3,663,574

**NET INCREASE** 2,034,417

**NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR** 32,852,389

**NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR** \$ 34,886,806

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 1 - Description of the Plan**

The following brief description of the American Meteorological Society Defined Contribution Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan, established on May 1, 1966, is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees of the American Meteorological Society who normally work at least 20 hours per week are immediately eligible to make elective contributions to the Plan upon commencement of employment. American Meteorological Society (the "Society") is the plan administrator.

**Contributions** - Participants may elect to defer a portion of their eligible compensation as contributions to the Plan up to the maximum permitted by the Internal Revenue Code. Participants may designate all or a portion of their elective deferrals as Roth elective deferrals. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also make rollover contributions representing distributions from other qualified plans. Participants who have completed one year of service are eligible for the employer matching contributions. The Society contributes 10% of eligible compensation on behalf of each eligible participant who contributes at least 5% of compensation to the plan. Contributions are subject to certain limitations and eligibility requirements apply to such contributions.

**Participant Accounts** - Each participant account is credited with (a) the participant's contributions, (b) employer matching contributions, (c) earnings, and (d) expenses. The benefit, to which a participant is entitled, is the benefit that can be provided from the participant's vested account.

**Vesting** - Participants are immediately fully vested in their elective contributions, employer contributions, and actual earnings thereon.

**Investment Options** - Upon enrollment in the Plan participants may direct deferral and employer contributions in one percent increments to various variable annuity accounts, mutual funds, a pooled separate account and investment annuity contracts. Certain investment options are restricted to funds invested prior to July 9, 2019 and do not allow for new contributions or transfer of new money into the funds. Participants may reallocate their funds or redirect new contributions on a daily basis among any of the offered funds which accept new money.

**Plan and Participant Loans** - Prior to July 9, 2019 Plan loans were issued directly from funds owned by TIAA and not directly from a participant's account. The participants could borrow a minimum of \$1,000 or up to the lesser of (a) 45% of the combined TIAA and CREF Group Supplemental Retirement Annuity ("GSRA") accumulation attributable to participation under the Plan or (b) 90% of the TIAA and TIAA Real Estate Account GSRA Traditional Annuity accumulation attributable to participation under the Plan and the participant nonforfeitable accrued benefits under all such other qualified plans when the loan is made or (c) \$50,000, reduced by the excess, if any, of the outstanding balance of loans to the borrower under all such plans. Participants are required to reserve 110% of the outstanding loan amount as collateral in the TIAA GSRA Traditional Annuity contract. The loan interest rate is variable and can increase or decrease every three months. Loans are generally repaid within five years, except for a loan to purchase a principal residence which could be up to ten years. Principal and interest payments are made subject to the terms of the loan agreement.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 1 - Description of the Plan (Continued)**

**Plan and Participant Loans (Continued)** - Effective July 9, 2019, participant loans (notes receivable from participants) are issued directly from the participant's account. Loans may only be made from unmatched pre-tax elective deferrals or rollovers from other plans, and the participants can borrow a minimum of \$1,000 or up to the lesser of 50% of the participants non-forfeitable account balance, or \$50,000, reduced by the excess of the participant's highest outstanding loan balance during the 12-month period ending on the date of the loan over the participant's current outstanding loan balance on the date of the loan. Loans from a TIAA Annuity are further limited to (a) 45% of the combined accumulations attributable to the funding vehicle(s) in the Plan; or (b) 90% of the CREF and TIAA Real Estate accumulation attributable to participation in the Plan for Retirement Loans (RL) ; or (c) 90% of the TIAA Annuity accumulation attributable to participation in the Plan for GSRA loans. The interest rate will be fixed, except for loans from amounts invested with TIAA, for which the interest rate for the loan will vary, as more fully described in the Plan Loan Policy. Loans are generally repaid within five years, except for a loan to purchase a principal residence which could be up to ten years. Participants may not have more than three loans outstanding at any one time and loan refinancing is not permitted. Principal and interest payments are credited to the participant's account.

**Payment of Benefits** - Upon termination of service, retirement, disability or death, participants or beneficiaries are entitled to a distribution equal to the total value of the participant's vested account. A participant or beneficiary may elect to receive the value of the vested account in a lump-sum cash payment, installments, or an annuity option. Annuities are purchased through TIAA and CREF. Such annuities are fully guaranteed by TIAA and CREF and therefore are excluded from plan assets. Participants may withdraw from their vested accounts upon certain hardship situations defined in the Plan or upon attainment of age 59 1/2.

**Revenue Sharing Income** - A revenue sharing agreement is in place whereby certain revenue generated by the Plan's investments is credited to an unallocated account. These amounts are used for the benefit of the Plan to pay administrative expenses or to allocate to participants. During 2024, no revenue sharing income was allocated to participants. Unallocated amounts at December 31, 2024 and 2023 amounted to \$2,995 and \$57, respectively.

**Plan Amendment and Termination** - The Plan may be amended at any time by the executive committee, provided that no such amendment may deprive participants of their vested benefits. Although it has not expressed any intent to do so, the plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all participants will remain 100% vested in their accounts.

**Note 2 - Summary of Significant Accounting Policies**

**Basis of Accounting** - The financial statements of the Plan are prepared under the accrual method of accounting in conformity with U.S. generally accepted accounting principles.

**Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the amount of net assets available for benefits and the changes in the net assets available for benefits during the reporting period, and the disclosures of contingent assets and liabilities, if applicable, at the date of the financial statements. Actual results may differ from those estimates.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

**Investment Valuation and Income Recognition** - Investments are reported at fair value in these financial statements, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is measured in accordance with U.S. generally accepted accounting principles as more fully described in Note 4. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

The Plan has fully benefit-responsive and non-benefit responsive investment contracts with TIAA. Non-benefit responsive contracts are recorded at fair value due to the restrictions on withdrawals from the contract. Generally withdrawals from non-benefit responsive contracts must be made over a period of either 10 annual installments or 84 monthly installments, as defined in each contract.

Fully benefit-responsive contracts held by a defined-contribution plan are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

**Unit Values** - Individual participant accounts for the variable annuities and the pooled separate account are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the trust, but do have an interest therein represented by units which are valued daily. The trust earnings are automatically reinvested in additional units. Generally contributions to and withdrawals from the trust are converted to units by dividing the amount of such transactions by the unit values as last determined and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

**Notes Receivable from Participants** - Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. The notes are secured by the balance in the participant's account. Delinquent participant loans are reclassified as distributions in accordance with the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

**Payment of Benefits** - Benefits are recorded when paid.

**Administrative Expenses** - Expenses for investment fees, certain recordkeeping and distribution fees are deducted from the assets of the Plan and reported with net realized and unrealized depreciation in fair value of investments. Certain other recordkeeping fees are paid from allocations to participant accounts. Payment for certain other expenses associated with administration of the Plan are paid in part by revenue sharing funds. All other expenses associated with the administration of the Plan are paid by the Society.

**Subsequent Events** - The date to which events occurring after December 31, 2024 have been evaluated for possible adjustment to the financial statements or disclosure is the date of the Independent Auditor's Report which is the date the financial statements were available to be issued.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 3 - Certified Information**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments at fair value, investments at contract value, and notes receivable from participants at December 31, 2024 and 2023, and total investment income and interest income on notes receivable from participants 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 and CREF (insurance carriers), and TIAA on behalf of TIAA Trust, N.A. (custodian and trustee of the Plan).

**Note 4 - Fair Value Measurements**

Fair value is defined under U.S. generally accepted accounting principles as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Plan is required to maximize the use of observable inputs, minimize the use of unobservable inputs, and disclose in the form of an outlined hierarchy the details of such fair value measurements. The hierarchy of valuation techniques is based on whether the inputs to fair value measurement are considered to be observable or unobservable in a marketplace. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions.

The hierarchy requires the use of observable market data when available. These inputs have created the following fair value hierarchy:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than those included in Level 1. For example, quoted prices for similar assets in active markets or quoted prices for identical assets in inactive markets.

Level 3 - Unobservable inputs reflecting management's own assumptions about the inputs used in estimating the value of the assets.

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

***Variable Annuities***

The variable annuity investment options are registered investment companies which invest principally in equity securities, fixed income instruments and short-term investments in accordance with each portfolio's investment objectives. The fair values of accumulation units held by the Plan in the variable annuity contracts are based on each account's daily Net Asset Value ("NAV") as reported on NASDAQ or on the issuers website. Investments in variable annuities are classified within Level 1 of the valuation hierarchy. There is a lock up period of 90 days if a purchase, sale and repurchase within that account is made within a 60-day period, other than for the CREF money market account.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 4 - Fair Value Measurements (Continued)**

***Mutual Funds***

These investments are public investment vehicles valued using the Net Asset Value (“NAV”) provided by the administrator of the fund and calculated at the close of business on the NYSE. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. Investments in mutual funds are classified within Level 1 of the valuation hierarchy.

***Pooled Separate Account***

The participants units held in a pooled separate account, TIAA Real Estate, are based on their net asset values, as reported on NASDAQ. The value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Investments in TIAA Real Estate are classified within Level 1 of the valuation hierarchy. Transfers out of the TIAA Real Estate account are limited to one per calendar quarter.

***Investment and Annuity Contracts***

The TIAA Traditional Annuity - Non-Benefit Responsive is a fixed annuity contract fully and unconditionally guaranteed by TIAA. This Traditional Annuity is offered through a Retirement Annuities (RA) contract and a Retirement Choice (RC) contract. RA and RC contracts are non-benefit responsive contracts reported at fair value which approximates contract value according to TIAA. Investments in the TIAA Traditional Annuity - Non-Benefit Responsive are classified within Level 3 of the valuation hierarchy.

The following tables present the financial instruments carried at fair value, by caption on the Statements of Net Assets Available for Benefits and by the valuation hierarchy (as previously described) as of December 31, 2024 and 2023:

| <b><u>December 31, 2024</u></b>  | <b><u>Total<br/>Fair Value</u></b> | <b><u>Fair Value Measurements Using:</u></b> |                         |                         |
|----------------------------------|------------------------------------|--|-------------------------|-------------------------|
|                                  |                                    | <b><u>(Level 1)</u></b>                      | <b><u>(Level 2)</u></b> | <b><u>(Level 3)</u></b> |
| Variable annuity accounts        | \$ 16,522,410                      | \$ 16,522,410                                | \$ -                    | \$ -                    |
| Mutual funds                     | 9,912,955                          | 9,912,955                                    | -                       | -                       |
| Pooled separate account          | 890,531                            | 890,531                                      | -                       | -                       |
| Investment and annuity contracts | 6,371,211                          | -  | -                       | 6,371,211               |
| Total investments, at fair value | <u>\$ 33,697,107</u>               | <u>\$ 27,325,896</u>                         | <u>\$ -</u>             | <u>\$ 6,371,211</u>     |

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 4 - Fair Value Measurements (Continued)**

| <u>December 31, 2023</u>         | <u>Total<br/>Fair Value</u> | <u>Fair Value Measurements Using:</u> |                  |                     |
|----------------------------------|-----------------------------|---------------------------------------|------------------|---------------------|
|                                  |                             | <u>(Level 1)</u>                      | <u>(Level 2)</u> | <u>(Level 3)</u>    |
| Variable annuity accounts        | \$ 15,882,193               | \$ 15,882,193                         | \$ -             | \$ -                |
| Mutual funds                     | 7,848,368                   | 7,848,368                             | -                | -                   |
| Pooled separate account          | 1,167,836                   | 1,167,836                             | -                | -                   |
| Investment and annuity contracts | 6,640,124                   | -                                     | -                | 6,640,124           |
| Total investments, at fair value | <u>\$ 31,538,521</u>        | <u>\$ 24,898,397</u>                  | <u>\$ -</u>      | <u>\$ 6,640,124</u> |

Activity within the Plan's Level 3 assets for the year ended December 31, 2024 is as follows:

**Level 3 reconciliation:**

|                            |                     |
|----------------------------|---------------------|
| Balance, beginning of year | \$ 6,640,124        |
| Investment income          | 285,054             |
| Purchases                  | 36,914              |
| Sales                      | (447,581)           |
| Participant transfers in   | 423,873             |
| Participant transfers out  | <u>(567,173)</u>    |
| Balance, end of year       | <u>\$ 6,371,211</u> |

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

| <u>Instrument</u>              | <u>Fair Value at<br/>12/31/24</u> | <u>Principal<br/>Valuation<br/>Technique</u>                           | <u>Unobservable<br/>Inputs</u>            | <u>Range of Significant<br/>Input Values</u> |
|--------------------------------|-----------------------------------|--|---|--|
| TIAA<br>Traditional<br>Annuity | \$ 6,371,211                      | Discounted<br>Cash Flow<br><br>Theoretical<br>transfer<br>(exit value) | Risk-adjusted<br>discount rate<br>applied | RA - 3.65% - 6.50%<br>RC - 3.90% - 6.75%     |

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 4 - Fair Value Measurements (Continued)**

| <b><u>Instrument</u></b>       | <b><u>Fair Value at<br/>12/31/23</u></b> | <b><u>Principal<br/>Valuation<br/>Technique</u></b>                    | <b><u>Unobservable<br/>Inputs</u></b>     | <b><u>Range of Significant<br/>Input Values</u></b> |
|--------------------------------|--|--|---|---|
| TIAA<br>Traditional<br>Annuity | \$ 6,640,124                             | Discounted<br>Cash Flow<br><br>Theoretical<br>transfer<br>(exit value) | Risk-adjusted<br>discount rate<br>applied | RA - 4.00% - 6.75%<br>RC - 4.25% - 7.00%            |

**Note 5 - Fully Benefit Responsive Investment Contracts**

The Plan has investments in the TIAA Traditional Supplemental Retirement Annuities (“SRA”), Group Supplemental Retirement Annuities (“GSRA”) and Retirement Choice Plus Annuities (“RCP”) which are fully benefit responsive investment contracts. These investments are guaranteed annuity accounts backed by the claims-paying ability of TIAA. They guarantee the principal and contractually specified minimum interest rate, plus the opportunity for additional amounts in excess of the guaranteed rate. The additional amounts are declared on a year-by-year basis by the TIAA Board of Trustees. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on the net investment earnings rate of certain TIAA assets, accounting for targets for expenses, risks and contract liquidity. Such interest rates are reviewed monthly for funds deposited during the year and then set at year end for each vintage.

Certain conditions may limit the ability of the Plan to transact at contract value with TIAA. Such circumstances include but are not limited to market value adjustments, surrender charges, plan termination, plan merger and certain other employer-initiated events. The Plan administrator does not believe that the occurrence of such events that would limit the Plan’s ability to transact at contract value with Plan participants is probable. The contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Because the SRA, GSRA, and RCP contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Investment in TIAA Traditional fully benefit responsive investment contracts amounted to \$1,189,699 and \$1,293,146 at December 31, 2024 and 2023, respectively.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 6 - Plan and Participant Loans**

Plan loans issued prior to July 9, 2019 were issued directly from funds provided by TIAA and were not deducted from the participant's accounts (Reference is made to Note 1) and accordingly, are not shown separately on the Statements of Net Assets Available for Benefits as a loan receivable. At December 31, 2024 and 2023, these loans amounted to \$519 and \$2,944, respectively. Each loan is secured by the participant's balance in the TIAA Traditional Annuity. Each participant's balance in the TIAA Traditional Annuity must be at least 110% of the outstanding loan balance for the life of the loan. As of December 31, 2024 and 2023, interest rates ranged from 5.02% to 5.33%, with maturity dates through July 1, 2025.

Loans to participants issued subsequent to July 9, 2019 are deducted directly from the participant's accounts and are secured by the participant's account balance (Reference is made to Note 1) and accordingly, are shown separately on the Statements of Net Assets Available for Benefits as notes receivable from participants, if any. There were no notes receivable from participants at December 31, 2024. At December 31, 2023, notes receivable from participants bore interest at 8.50% with maturity dates through November, 2027.

**Note 7 - Related Party Transactions**

Plan investments including a pooled separate account, variable annuity accounts, mutual funds and investment and annuity contracts are managed by TIAA and CREF, insurance carriers and the record keeper of the Plan. In addition, plan loans were issued directly from funds owned by TIAA and participant loans were issued from participant account balances (Reference is made in Note 6). Accordingly, these transactions qualify as party-in-interest transactions.

During the plan year ended December 31, 2024, investment management and record keeping fees of \$111,773 have been paid to TIAA and CREF and deducted from the assets of the Plan and reported with net realized and unrealized appreciation in fair value of investments. In addition, service fees of \$23,238 were paid to TIAA in 2024 and charged directly to participant accounts. Additionally, fees paid to various other professional service providers amounted to \$35,620 during 2024. These professional service fees were paid directly from revenue sharing income and have been reported as administrative expense. The Society, as plan sponsor, pays all other administrative expenses of the Plan.

**Note 8 - Tax Status**

The Plan began utilizing a TIAA Volume Submitter Plan in April 2019. The Volume Submitter Plan being utilized obtained an opinion letter on August 7, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the plan administrator and the Plan's tax counsel believe that the Plan, as adopted, is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2024**  
**DECEMBER 31, 2024 AND 2023**

**Note 8 - Tax Status (Continued)**

The Plan evaluates all significant tax positions as required by U.S. generally accepted accounting principles. As of December 31, 2024, the Plan has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The plan is generally subject to potential examination by taxing jurisdictions for the prior three years. Currently there are no audits in progress for any tax periods.

**Note 9 - Risks and Uncertainties**

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

**Note 10 - Subsequent Events**

Effective January 1, 2025, the plan was amended to allow all employees, regardless of hours normally worked, to be eligible to make elective contributions to the Plan upon commencement of employment. Participants who normally work less than 20 hours per week are excluded from earning matching contributions regardless of years of service. Also effective January 1, 2025, the Plan adopted a mandatory distribution policy in which the Plan will make a mandatory distribution following severance from employment when the participant's vested balance does not exceed \$7,000.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**  
**EIN #04-2103657 PLAN NO. 002**  
**SCHEDULE H, PART IV LINE 4(i) - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)                                      | (b)<br>Identity of<br>Issuer/Borrower | (c)<br>Description of Investment        | Maturity<br>Date | (d)<br>Cost | (e)<br>Current<br>Value |
|--|---------------------------------------|---|------------------|-------------|-------------------------|
| <b><u>Variable Annuity Accounts:</u></b> |                                       |   |                  |             |                         |
| *  | CREF                                  | Stock R1                                | N/A              | **          | \$ 6,527,544            |
| *  | CREF                                  | Money Market R1                         | N/A              | **          | 15,222                  |
| *  | CREF                                  | Social Choice R1                        | N/A              | **          | 824,093                 |
| *  | CREF                                  | Core Bond R1                            | N/A              | **          | 430,108                 |
| *  | CREF                                  | Global Equities R1                      | N/A              | **          | 1,863,108               |
| *  | CREF                                  | Growth R1                               | N/A              | **          | 4,280,159               |
| *  | CREF                                  | Equity Index R1                         | N/A              | **          | 1,943,435               |
| *  | CREF                                  | Inflation-Linked Bond R1                | N/A              | **          | 215,188                 |
| *  | TIAA Access Nuveen                    | Lifecycle 2015 T3                       | N/A              | **          | 2,990                   |
| *  | TIAA Access Nuveen                    | Lifecycle 2030 T3                       | N/A              | **          | 195,160                 |
| *  | TIAA Access Nuveen                    | Lifecycle 2035 T3                       | N/A              | **          | 80,489                  |
| *  | TIAA Access Nuveen                    | Lifecycle 2040 T3                       | N/A              | **          | 1,978                   |
| *  | TIAA Access Nuveen                    | Lifecycle 2050 T3                       | N/A              | **          | 6,226                   |
| *  | TIAA Access Nuveen                    | Lifecycle 2055 T3                       | N/A              | **          | 41,418                  |
| *  | TIAA Access Nuveen                    | Lifecycle 2060 T3                       | N/A              | **          | 95,292                  |
|  |                                       |   |                  |             | 16,522,410              |
| <b><u>Mutual Funds:</u></b>              |                                       |   |                  |             |                         |
| *  | Nuveen                                | Large Cap Growth Index                  | N/A              | **          | 356,973                 |
| *  | Nuveen                                | Money Market                            | N/A              | **          | 3,378                   |
|  | Vanguard                              | Equity Income Admiral                   | N/A              | **          | 300,610                 |
|  | Vanguard                              | Total Bond Market Index Admiral         | N/A              | **          | 562,848                 |
|  | Vanguard                              | Mid-Cap Index Admiral                   | N/A              | **          | 277,648                 |
|  | American Funds                        | 2010 Target Retirement R6               | N/A              | **          | 96,585                  |
|  | American Funds                        | 2015 Target Retirement R6               | N/A              | **          | 48,831                  |
|  | American Funds                        | 2020 Target Retirement R6               | N/A              | **          | 100,188                 |
|  | American Funds                        | 2025 Target Retirement R6               | N/A              | **          | 206,516                 |
|  | American Funds                        | 2030 Target Retirement R6               | N/A              | **          | 707,085                 |
|  | American Funds                        | 2035 Target Retirement R6               | N/A              | **          | 1,272,686               |
|  | American Funds                        | 2040 Target Retirement R6               | N/A              | **          | 394,085                 |
|  | American Funds                        | 2045 Target Retirement R6               | N/A              | **          | 912,185                 |
|  | American Funds                        | 2050 Target Retirement R6               | N/A              | **          | 430,820                 |
|  | American Funds                        | 2055 Target Retirement R6               | N/A              | **          | 380,974                 |
|  | American Funds                        | 2060 Target Retirement R6               | N/A              | **          | 194,314                 |
|  | American Funds                        | 2065 Target Retirement R6               | N/A              | **          | 82,873                  |
|  | Carillon Eagle                        | Mid Cap Growth R6                       | N/A              | **          | 18,881                  |
|  | MFS                                   | International Diversification CI R6     | N/A              | **          | 156,975                 |
|  | MFS                                   | Mid Cap Value Class R6                  | N/A              | **          | 135,543                 |
|  | PIMCO                                 | Income Fund Institutional               | N/A              | **          | 112,938                 |
|  | Schwab                                | Small Cap Index Fund                    | N/A              | **          | 61,862                  |
|  | JPMorgan                              | Small Cap Growth R6                     | N/A              | **          | 63,543                  |
|  | JPMorgan                              | Core Bond Fund R6                       | N/A              | **          | 181,747                 |
|  | Undiscovered Managers                 | Behavioral Value Fund R6                | N/A              | **          | 15,719                  |
|  | Vanguard                              | 500 Index Fund Admiral                  | N/A              | **          | 2,676,883               |
|  | Vanguard                              | Total International Stock Index Admiral | N/A              | **          | 160,265                 |
|  |                                       |   |                  |             | 9,912,955               |

See Independent Auditor's Report.

**AMERICAN METEOROLOGICAL SOCIETY**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**  
**EIN #04-2103657 PLAN NO. 002**  
**SCHEDULE H, PART IV LINE 4(i) - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| <b>(a)</b> | <b>(b)</b><br><b>Identity of</b><br><b><u>Issuer/Borrower</u></b> | <b>(c)</b><br><b><u>Description of Investment</u></b> | <b>Maturity</b><br><b><u>Date</u></b> | <b>(d)</b><br><b><u>Cost</u></b> | <b>(e)</b><br><b>Current</b><br><b><u>Value</u></b> |
|------------|---|---|---------------------------------------|----------------------------------|---|
|            | <b><u>Pooled Separate Account:</u></b>                            |   |                                       |                                  |   |
| *          | TIAA  | Real Estate   | N/A                                   | **                               | <u>890,531</u>                                      |
|            | <b><u>Investment and Annuity Contracts</u></b>                    |   |                                       |                                  |   |
| *          | TIAA  | Traditional Annuity - Non Benefit Responsive          | N/A                                   | **                               | 6,033,777   |
| *          | TIAA  | Traditional Annuity - Benefit Responsive              | N/A                                   | **                               | 805,207   |
| *          | TIAA  | Traditional Annuity - Non Benefit Responsive 2        | N/A                                   | **                               | 337,434   |
| *          | TIAA  | Traditional Annuity - Benefit Responsive 2            | N/A                                   | **                               | <u>384,492</u>                                      |
|            |   |   |                                       |                                  | <u>7,560,910</u>                                    |
|            |   | Total investments                                     |                                       |                                  | \$ <u>34,886,806</u>                                |

\* Party-in-interest as defined by ERISA.

\*\* All participant directed, not required.

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► American Meteorological Society Defined Contribution Retirement Plan

Employer Identification Number: ► 04-2103657

For plan year (beginning/ending): ► 1/1/2024 to 12/31/2024

Plan number: ► 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Benefit Responsive  |          | \$ 805,206.97     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Non Benefit Responsive  |          | \$ 6,033,776.88   |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Benefit Responsive 2  |          | \$ 384,492.15     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Non Benefit Responsive 2  |          | \$ 337,433.99     |
| *   | College Retirement Equities Fund variable annuities       | CREF Stock R1  |          | \$ 6,527,544.39   |
| *   | College Retirement Equities Fund variable annuities       | CREF Money Market R1   |          | \$ 15,221.56      |
| *   | College Retirement Equities Fund variable annuities       | CREF Social Choice R1  |          | \$ 824,092.54     |
| *   | College Retirement Equities Fund variable annuities       | CREF Global Equities R1  |          | \$ 1,863,107.70   |
| *   | College Retirement Equities Fund variable annuities       | CREF Growth R1   |          | \$ 4,280,159.13   |
| *   | College Retirement Equities Fund variable annuities       | CREF Equity Index R1   |          | \$ 1,943,434.74   |
| *   | College Retirement Equities Fund variable annuities       | CREF Inflation-Linked Bond R1  |          | \$ 215,187.64     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Real Estate   |          | \$ 890,530.71     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Nuv LifCyc 2015 T3   |          | \$ 2,990.25       |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Nuv LifCyc 2030 T3   |          | \$ 195,159.54     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Nuv LifCyc 2035 T3   |          | \$ 80,489.46      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Nuv LifCyc 2040 T3   |          | \$ 1,977.76       |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Nuv LifCyc 2050 T3   |          | \$ 6,226.48       |
| *   | College Retirement Equities Fund variable annuities       | CREF Core Bond R1  |          | \$ 430,107.75     |
|     | College Retirement Equities Fund variable annuities       | Nuveen Large Cap Gr Idx R6   |          | \$ 356,973.30     |
|     | College Retirement Equities Fund variable annuities       | Nuveen Money Market R6   |          | \$ 3,377.95       |
|     | College Retirement Equities Fund variable annuities       | Vanguard Equity Income Adm   |          | \$ 300,609.79     |
|     | College Retirement Equities Fund variable annuities       | Vanguard Ttl Bd Mkt Idx Adm  |          | \$ 562,848.53     |
|     | College Retirement Equities Fund variable annuities       | Vanguard Mid-Cap Idx Adm   |          | \$ 277,648.44     |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Nuv LifCyc 2055 T3   |          | \$ 41,418.35      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Nuv LifCyc 2060 T3   |          | \$ 95,292.38      |
|     | College Retirement Equities Fund variable annuities       | American Fds 2010 Tar Ret R6   |          | \$ 96,585.21      |
|     | College Retirement Equities Fund variable annuities       | American Fds 2015 Tar Ret R6   |          | \$ 48,830.75      |
|     | College Retirement Equities Fund variable annuities       | American Fds 2020 Tar Ret R6   |          | \$ 100,187.96     |
|     | College Retirement Equities Fund variable annuities       | American Fds 2025 Tar Ret R6   |          | \$ 206,515.71     |
|     | College Retirement Equities Fund variable annuities       | American Fds 2030 Tar Ret R6   |          | \$ 707,085.49     |
|     | College Retirement Equities Fund variable annuities       | American Fds 2035 Tar Ret R6   |          | \$ 1,272,685.76   |
|     | College Retirement Equities Fund variable annuities       | American Fds 2040 Tar Ret R6   |          | \$ 394,085.50     |
|     | College Retirement Equities Fund variable annuities       | American Fds 2045 Tar Ret R6   |          | \$ 912,184.66     |
|     | College Retirement Equities Fund variable annuities       | American Fds 2050 Tar Ret R6   |          | \$ 430,820.38     |
|     | College Retirement Equities Fund variable annuities       | American Fds 2055 Tar Ret R6   |          | \$ 380,974.27     |
|     | College Retirement Equities Fund variable annuities       | American Fds 2060 Tar Ret R6   |          | \$ 194,313.76     |
|     | College Retirement Equities Fund variable annuities       | Carillon Eagle Mid Cap Grw R6  |          | \$ 18,880.80      |
|     | College Retirement Equities Fund variable annuities       | MFS Intl Diversification CI R6   |          | \$ 156,974.60     |
|     | College Retirement Equities Fund variable annuities       | MFS Mid Cap Value Class R6   |          | \$ 135,543.00     |
|     | College Retirement Equities Fund variable annuities       | PIMCO Income Fd Institutional  |          | \$ 112,937.91     |
|     | College Retirement Equities Fund variable annuities       | Schwab Small Cap Index Fund  |          | \$ 61,861.91      |
|     | College Retirement Equities Fund variable annuities       | JPMorgan Small Cap Growth R6   |          | \$ 63,543.69      |
|     | College Retirement Equities Fund variable annuities       | Undiscovered Mgrs Behav Val R6   |          | \$ 15,718.85      |
|     | College Retirement Equities Fund variable annuities       | Vanguard 500 Idx Adm   |          | \$ 2,676,882.69   |
|     | College Retirement Equities Fund variable annuities       | Vanguard Ttl Intl Stk Idx Adm  |          | \$ 160,264.87     |
|     | College Retirement Equities Fund variable annuities       | American Funds 2065 Tar Ret R6   |          | \$ 82,872.75      |
|     | College Retirement Equities Fund variable annuities       | JPMorgan Core Bond Fund R6   |          | \$ 181,746.52     |
|     |   |  |          |                   |
|     | Grand Total   |  |          | \$ 34,886,806     |