

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><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>TIAA CODE SECTION 401(K) PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</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>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u></p> <p><u>730 THIRD AVENUE</u><br/><u>NEW YORK, NY 10017-3206</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/1998</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>13-1624203</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>212-490-9000</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>525100</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. | 10/13/2025 | NED GODWIN   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2025 | NED GODWIN   |
|                  | 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>                                   | 26861 |
| <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>                               | 11786 |
|   | <b>6a(2)</b>                               | 11525 |
|   | <b>6b</b>                                  | 0     |
|   | <b>6c</b>                                  | 15155 |
|   | <b>6d</b>                                  | 26680 |
|   | <b>6e</b>                                  | 73    |
|   | <b>6f</b>                                  | 26753 |
|   | <b>6g(1)</b>                               | 26778 |
|   | <b>6g(2)</b>                               | 26656 |
| <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:  
 2E 2F 2G 2J 2K 2R 2S 2T 3H

**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)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>TIAA CODE SECTION 401(K) PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-1624203</b> |            |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TIAA-CREF**

| (b) 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         | TIAA02                                | 25801   | 01/01/2024              | 12/31/2024 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                        |
|----------------------------|--|------------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                        |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 988337748              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 1391674065             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                        |
| <b>a</b>                   | State the basis of premium rates ▶   |                        |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>              |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>              |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                      | <b>6d</b>              |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                        |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                        |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                        |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |                        |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 956854446    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 27178702  |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>           |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 44398414  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 119378506 |
|                            | (5) Other (specify below).....<br>▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS   | <b>7c(5)</b> 3175030   |
|                            | (6) Total additions .....  | <b>7c(6)</b> 194130652 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 1150985098   |
| <b>e</b>                   | Deductions:  |                        |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 71662722  |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 86423     |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 89278284  |
|                            | (4) Other (specify below).....<br>▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS   | <b>7e(4)</b> 1619921   |
| (5) Total deductions ..... | <b>7e(5)</b> 162647350   |                        |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 988337748    |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>TIAA CODE SECTION 401(K) PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-1624203</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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**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)

MESIROW FINANCIAL INC

36-3429599

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 50                  | NONE  | 474672   | 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)

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? |
|-------------------------------------|---|--|--|--|---|--|
| 15 17 27 28<br>38 50 52 54<br>64 66 | NONE  | 23603  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>TIAA CODE SECTION 401(K) PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-1624203</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 REAL ESTATE</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>232494024</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK U.S. DEBT INDEX FUND</u>        |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK FUND INSTITUTIONAL TRUST</u> |                               |  |
| <b>c</b> EIN-PN <u>45-4395752-000</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>125566254</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX FUND</u>           |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK FUND INSTITUTIONAL TRUST</u> |                               |  |
| <b>c</b> EIN-PN <u>35-2439538-000</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>701359881</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MID CAP EQUITY INDEX FUND</u>   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK FUND INSTITUTIONAL TRUST</u> |                               |  |
| <b>c</b> EIN-PN <u>45-4378115-000</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>222997307</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK RUSSELL 2000 INDEX FUND</u>     |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK FUND INSTITUTIONAL TRUST</u> |                               |  |
| <b>c</b> EIN-PN <u>45-4352603-000</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>162168741</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK STRAT COMP NONLEND FUND</u>     |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK FUND INSTITUTIONAL TRUST</u> |                               |  |
| <b>c</b> EIN-PN <u>46-3525011-000</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1245589</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHRODERS INTL MULTI-CAP EQ TRUST</u>     |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SCHRODERS PLC</u>                      |                               |  |
| <b>c</b> EIN-PN <u>46-4869591-000</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5510013</u>   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF II INTL OPP (SERIES 1)**

**b** Name of sponsor of entity listed in (a): **WELLINGTON TRUST COMPANY, NA**

|                                       |                               |   |
|---------------------------------------|-------------------------------|---|
| <b>c</b> EIN-PN <b>04-6913417-159</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>17797520</b> |
|---------------------------------------|-------------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK MSCI ACWI EX-US IDX FUND**

**b** Name of sponsor of entity listed in (a): **BLACKROCK FUND INSTITUTIONAL TRUST**

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>45-4431087-000</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>498642259</b> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AB US SMALL & MID CAP VALUE CIT**

**b** Name of sponsor of entity listed in (a): **WILMINGTON TRUST, N.A.**

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>38-4116868-532</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4944115</b> |
|---------------------------------------|-------------------------------|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>                      |  |
| <b>A</b> Name of plan<br><b>TIAA CODE SECTION 401(K) PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶ <b>003</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-1624203</b> |

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

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

|   | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>Assets</b>   |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <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>          | 32524844        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          | 1539764974      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         | 235784036       |
| <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>         | 1173129171      |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 956854446       |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         | 211538407       |
|   |                       | 35076252        |
|   |                       | 1740231679      |
|   |                       | 232494024       |
|   |                       | 1374225001      |
|   |                       | 988337748       |
|   |                       | 254058360       |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 4149595878            | 4624423064      |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 4149595878            | 4624423064      |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 43660020   |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 155509381  |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 52134701   |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 251304102 |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 2458047    |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 44398414   |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 46856461  |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 12832828   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 12832828  |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 223334849 |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | -9789748  |
| (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> |            | 192608555 |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 40192661  |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 757339708 |

**Expenses**

|   |               |           |           |
|---|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 268677338 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 13336778  |           |
| (3) Other .....   | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 282014116 |
| <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>  |           |           |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |           |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 498406    |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |           |           |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....  | <b>2i(8)</b>  |           |           |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....   | <b>2i(11)</b> |           |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 498406    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 282512522 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 474827186 |
| <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: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

**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   |    | 50000000 |
| <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>TIAA CODE SECTION 401(K) PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-1624203</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 \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



## **TIAA Code Section 401(k) Plan**

Financial Statements  
as of December 31, 2024 and 2023  
and for the year ended December 31, 2024

With Supplemental Schedule  
as of December 31, 2024

**TIAA Code Section 401(k) Plan  
December 31, 2024 and 2023**

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\* All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.



## **Report of Independent Auditors**

To the Administrator of TIAA Code Section 401(k) Plan

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

We have performed an audit of the accompanying financial statements of TIAA Code Section 401(k) 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, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 qualified institutions as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

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



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

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

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for 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.

### ***Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter – Supplemental Schedule Required by ERISA***

Schedule of Assets (Held at End of Year) – Schedule H, Line 4i as of December 31, 2024 ("supplemental schedule"), 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 the 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 US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is



presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*PricewaterhouseCoopers LLP*

Charlotte, North Carolina  
October 10, 2025

**TIAA Code Section 401(k) Plan  
Statements of Net Assets Available for Benefits  
As of December 31, 2024 and 2023**

| <b>Assets</b>                                  | <u>2024</u>                    | <u>2023</u>                    |
|--|--------------------------------|--------------------------------|
| Investments (Notes 2, 5 & 6):                  |                                |                                |
| Investments, at fair value .....               | \$ 3,601,009,064               | \$ 3,160,216,588               |
| Investments, at contract value .....           | 988,337,748                    | 956,854,446                    |
| Total investments .....                        | <u>4,589,346,812</u>           | <u>4,117,071,034</u>           |
| Receivables:                                   |                                |                                |
| Participant contributions receivable .....     | 6,789,951                      | 6,071,204                      |
| Employer contribution receivable .....         | 1,985,509                      | 1,797,001                      |
| Notes receivable from participants .....       | <u>35,076,252</u>              | <u>32,524,844</u>              |
| <b>Net assets available for benefits .....</b> | <u><u>\$ 4,633,198,524</u></u> | <u><u>\$ 4,157,464,083</u></u> |

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

**TIAA Code Section 401(k) Plan  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2024**

|  | <b>2024</b>            |
|--|------------------------|
| <b>Additions:</b>                                    |                        |
| <b>Investment income:</b>                            |                        |
| Net appreciation in fair value of investments .....  | \$ 443,416,160         |
| Interest and dividend income .....                   | 57,605,803             |
| Other income .....                                   | 5,014,844              |
|  | 506,036,807            |
| <br><b>Contributions:</b>                            |                        |
| Participant contributions .....                      | 156,228,128            |
| Rollover contributions .....                         | 52,136,862             |
| Employer contributions .....                         | 43,847,327             |
|  | 252,212,317            |
| <b>Total additions</b> .....                         | <b>758,249,124</b>     |
| <br><b>Deductions:</b>                               |                        |
| Benefits paid to participants or beneficiaries ..... | 268,677,338            |
| Purchases of annuity contracts .....                 | 13,336,778             |
| Other fees .....                                     | 500,567                |
|  | 282,514,683            |
| <br><b>Net increase during the year</b> .....        | <br><b>475,734,441</b> |
| <br><b>Net assets available for benefits:</b>        |                        |
| Beginning of year .....                              | 4,157,464,083          |
| End of year .....                                    | \$ 4,633,198,524       |

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

**TIAA Code Section 401(k) Plan  
Notes to Financial Statements  
As of December 31, 2024 and 2023**

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the TIAA Code Section 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

**A. General Information**

The Plan is a defined contribution plan established to provide all employees of Teachers Insurance and Annuity Association of America ("TIAA" or "Company") and other TIAA subsidiaries with retirement income through a program of voluntary contributions. TIAA is the Employer, Plan Sponsor, Plan Administrator and Recordkeeper. TIAA, together with College Retirement Equities Fund ("CREF"), issues annuity contracts to the Plan. TIAA Trust, N.A. is the custodian for the Plan's investments in mutual funds, collective investment trusts ("CITs"), and self-directed brokerage accounts ("SDBAs"). The Plan became effective January 1, 1998, and has been amended from time to time.

Contributions under the Plan are applied in accordance with each participant's contribution allocation to (i) individual annuity contracts issued to each participant by TIAA ("TIAA Traditional Annuity Contracts" or "TIAA Traditional"), (ii) the CREF accounts through variable annuity contracts issued by CREF, (iii) the mutual funds, (iv) the CITs, (v) the TIAA Real Estate Account through unallocated variable annuity contracts issued by TIAA, or (vi) an SDBA, which gives participants the ability to invest in additional mutual funds. CREF, a Registered Investment Company ("RIC") which issues variable annuity contracts, is a companion organization to TIAA. The Plan has a trust, the trustees of which are officers of TIAA and in which investments in the mutual funds and CITs are held. Investments in variable annuity contracts issued by CREF and the TIAA Real Estate Account are held by CREF or TIAA, as applicable.

The investments in the CREF variable annuity contracts and the mutual funds are reported as RICs, the TIAA Real Estate Account is a "Pooled Separate Account", and investments within self-directed brokerage accounts are reported as "SDBAs". All investments are managed by TIAA or an affiliated entity, except the investments held within SDBAs, JP Morgan and Vanguard mutual funds, and CITs. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan offers participants TIAA Lifetime Income Plus model portfolios, which are created from the Plan's core investment offerings to give participants investment options that provide an age-appropriate asset allocation based upon their tailored risk tolerance and anticipated retirement date. Each portfolio has a conservative, moderate, and aggressive option. The allocation of underlying investments in each portfolio is based upon the participant's anticipated retirement date and tailored risk tolerance and is updated as the participant's anticipated retirement date approaches or passes. The moderate TIAA Lifetime Income Plus model portfolio is the default investment for new participants.

Starting in 2022, contributions into TIAA Traditional, including those as a part of the TIAA Lifetime Income Plus model portfolios, are limited to the Retirement Choice Plus ("RCP") contract and can no longer be made into the Group Supplemental Retirement Annuity ("GSRA") contract. However, funds in the annuity options within the GSRA contract are allowed to be transferred among the annuity options within the GSRA contract, including TIAA Traditional ("TIAA Traditional GSRA"). Additionally, funds in TIAA Traditional GSRA can be transferred to TIAA Traditional within the RCP contract ("TIAA Traditional RCP"), other annuity options within the RCP contract or other Plan investment options. Funds within the TIAA Traditional GSRA will remain in the accumulation phase and will continue to accumulate interest.

Both the TIAA Traditional RCP and the TIAA Traditional GSRA are unallocated fixed annuity contracts that are fully and unconditionally guaranteed by TIAA (See Note 2 - Significant Accounting Policies). During the accumulation phase, TIAA Traditional RCP and TIAA Traditional GSRA provide a guarantee of principal, a guaranteed minimum rate of interest, and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year", which begins each March 1st. Additional interest is not guaranteed for future years. When the accumulation in TIAA Traditional RCP or TIAA Traditional GSRA is converted to an annuity based on life expectancy, the present value of the stream of payments is equal to the accumulation. Each participant dollar applied to the account purchases a guaranteed amount of lifetime annuity income, paid to participants when they annuitize. As in the accumulation phase, this guaranteed

**TIAA Code Section 401(k) Plan  
Notes to Financial Statements  
As of December 31, 2024 and 2023**

minimum rate may be supplemented by additional amounts declared by the TIAA Board of Trustees on a year-by-year basis.

Beginning in 2022, contributions into CREF accounts are limited to the share class R4 within the RCP contract and can no longer be made into share class R3 within the GSRA contract. However, funds in CREF share class R3 accounts within the GSRA contract are allowed to be transferred among the annuity options within the GSRA contract. Additionally, funds in the CREF share class R3 accounts within the GSRA contract can be transferred into annuity options within the RCP contract or other Plan investment options. Funds within the CREF share class R3 accounts within the GSRA contract will remain in the accumulation phase.

#### B. Contributions

Each calendar year, a participant may contribute the lesser of: a) 100% of their base salary or b) \$23,000, in accordance with the Internal Revenue Code Section 402(g) annual limit. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Plan includes an Employer matching contribution on 100% of the first 3% of base salary that an employee contributes into the Plan.

The annual contributions made by the employer on the participant's behalf to the TIAA Retirement Plan in combination with those made by the participant and the employer to the Plan are limited to \$69,000 in 2024. In the event that the combined contributions to these plans exceed this limit, contributions to either plan are reduced.

The Plan provides a Roth 401(k) option in addition to the traditional 401(k) for contributions. The Plan has an automatic enrollment of new employees into the traditional 401(k) with a contribution rate starting at 3% of base salary. Employees may opt out of automatic enrollment within the first 90 days of employment. Employees that do not opt out will have their contribution percentage increased by 1% annually over 7 years unless changed. Contributions from automatically enrolled participants will be invested in the moderate TIAA Lifetime Income Plus model portfolio designed for the year nearest in time when the participant will attain age 65.

#### C. Participants' Accounts

Each participant's account is credited with the participant's contributions and Employer matching contributions as well as Plan earnings. Participants designate the amount of the contributions made on his or her behalf and direct the investment of their contributions and the employer's matching contribution into the investment options offered by the Plan, and the return on those investments are credited to each participant's account. Such designation shall remain in effect until the Employer receives instructions changing such designation. If a participant does not designate how his or her contributions and Employer matching contributions will be allocated, then the contributions will be invested in the moderate TIAA Lifetime Income Plus model portfolio designed for the year nearest in time when the participant will attain the age 65. Allocations of the earnings (losses) are based on the participant's choices, account balance, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### D. Vesting and Eligibility

All active employees who are not categorized as an intern or an on-call or short-term associate of the Company are eligible to participate in the Plan immediately on their first day of employment. Those employees who are categorized as an intern or an on-call or short-term associate are eligible to participate in the Plan after 90 days of service during their first twelve months of employment, or after that, a Plan Year.

Participants are vested immediately in their contributions plus actual earnings thereon. Participants are fully vested in the Employer matching contributions upon the earlier of (a) the time when the employee completes three years of service, (b) the date the employee attains age 65, or (c) the date of the employee's death.

**TIAA Code Section 401(k) Plan  
Notes to Financial Statements  
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Additionally, participants are fully vested in the Employer matching contributions at the date of termination from employment if the participant receives benefits under the Employer's Severance Plan or Voluntary Separation Plan.

**E. Payments of Benefits and Withdrawals**

Following retirement or earlier termination of employment, a participant may elect to receive benefits under income options set forth in the contracts or certificates issued on his or her behalf under the terms of the Plan. Further information about the Plan provisions, including information relating to benefits, is contained in the Plan's summary plan description. Copies of this description are available from the Plan Administrator.

Benefits under the Plan are distributable to participants, their spouse and/or eligible dependent(s) no earlier than the earlier of: separation from service, death, disability, hardship withdrawal or attainment of age 59½. A distribution to a participant made prior to attaining age 59½ may be subject to a 10% early withdrawal penalty under the Internal Revenue Code. The Participant may choose from among several income options, including cash payments and an annuity settlement option. If married, the right to choose an income option will be subject to their spouse's right to survivor benefits.

**F. Plan and Participant Loans**

Effective January 6, 2020, the Plan discontinued offering Plan loans as separate contracts by TIAA and transitioned to participant loans funded by the participant's account. Plan loans outstanding at the time of the change will continue in runoff until all their loan terms are expired.

Plan loans:

Plan loans were previously issued as separate contracts by TIAA and thus are not part of the assets of the Plan. Plan loans are collateralized by the participant's TIAA Traditional account balances in an amount equal to 110% of the outstanding loan balances. Participants could borrow a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 45% of their account balance subject to annuity contract and Plan provisions. Plan loan terms range from one to five years in one year increments (up to ten years for the purchase of the participant's primary residence). Principal and interest are to be paid ratably by the participant to TIAA and each payment will reduce amounts collateralized by the participants' TIAA Traditional accounts. Plan loan balances outstanding from participants to TIAA were \$5,656,944 and \$9,034,600 as of December 31, 2024 and 2023, respectively. As such, approximately \$6,222,638 and \$9,938,060 of Plan account balances as of December 31, 2024 and 2023, respectively, serve as collateral for the related Plan loans.

Participant loans:

Participant loans allow the participant to borrow directly from their own account and pay themselves back. Therefore no funds are required to be held as collateral as the loan comes directly from the participant's account. Participant loans are between the participant and the Plan and are assets of the Plan, which are classified as notes receivable from participants.

Participants can borrow a minimum of \$1,000 up to a maximum \$50,000 or 50% of the participant's accumulation account. The participant loans bear interest at rates that range from 3.25% to 9.50% during the period ended December 31, 2024, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Participant loan terms can not exceed five years, unless the loan is used for the purchase of a primary residence, in which case the loan may be repaid in 10 years. Principal and interest is paid ratably through monthly payroll deductions.

**TIAA Code Section 401(k) Plan  
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As of December 31, 2024 and 2023**

G. Forfeitures

When certain terminations of participants in the Plan occur, the non-vested portion of the participant's account as defined by the Plan represents a forfeiture. Forfeited amounts reduce required future employer contributions to the Plan.

**Rollforward of Forfeiture Balance**

|   |           |                      |
|---|-----------|----------------------|
| Balance at January 1, 2024                    | \$        | 31,113               |
| Amounts forfeited during the year             |           | 1,325,221            |
| Amounts used to reduce employer contributions |           | (1,382,148)          |
| Investment income during the period           |           | 79,728               |
| Balance at December 31, 2024                  | <b>\$</b> | <b><u>53,914</u></b> |

H. Administrative Expenses

TIAA funds a Revenue Credit Account in the Plan based upon revenues generated by the Plan where the Plan maintains a balance and makes active contributions to any of the investment vehicles kept on the TIAA platform. The amount that is determined to be in excess of TIAA's revenue requirements is deposited into the Revenue Credit Account of the Plan. The Revenue Credit Account may only be used to pay direct, reasonable, and necessary expenses of the Plan with authorization or to provide benefits for Plan participants and beneficiaries in the form of Revenue Credits. Revenue Credits are included in Other income in the Statement of Changes in Net Assets Available for Benefits. All other administrative expenses are paid by the Plan Sponsor.

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements to Form 5500 at December 31:

|  | <u>2024</u>             | <u>2023</u>             |
|--|-------------------------|-------------------------|
| Net assets available for benefits per the financial statements ..... | \$ 4,633,198,524        | \$ 4,157,464,083        |
| Less: Participant contributions receivable .....                     | (6,789,951)             | (6,071,204)             |
| Less: Employer contributions receivable .....                        | (1,985,509)             | (1,797,001)             |
| Net assets available for benefits per the Form 5500 .....            | <u>\$ 4,624,423,064</u> | <u>\$ 4,149,595,878</u> |

The following is a reconciliation of Changes in Net Assets Available for Benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

|   | <u>2024</u>           |
|---|-----------------------|
| Changes in net assets available for benefits per the financial statements ..... | \$ 475,734,441        |
| Less: Change in participant contributions receivable .....                      | (718,747)             |
| Less: Change in employer contributions receivable .....                         | (188,508)             |
| Changes in net assets available for benefits per Form 5500 .....                | <u>\$ 474,827,186</u> |

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

**TIAA Code Section 401(k) Plan  
Notes to Financial Statements  
As of December 31, 2024 and 2023**

Investments

This Plan invests in the TIAA Traditional GSRA and the TIAA Traditional RCP contracts. TIAA Traditional GSRA and TIAA Traditional RCP are reported at contract value. The holdings within the TIAA Traditional GSRA and TIAA Traditional RCP contain no liquidity restrictions and are fully benefit responsive. The contract value of TIAA Traditional GSRA and TIAA Traditional RCP equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. Crediting rates are a combination of a guaranteed rate and an annually-established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. In 2024, the crediting rates for the TIAA Traditional GSRA and RCP ranged from 3.00% to 6.00% and 3.15% to 6.25%, respectively, where the range of crediting rates were applied based upon the timing of funds applied.

The fair value of the investment in the RICs, the CITs, and the Pooled Separate Account is equal to the net asset or accumulation value reported by the funds. Investments in SDBAs are reported at fair value as the Plan limits investments within these accounts solely to RICs. The Plan's Investment Committee determines the Plan's valuation policies by utilizing information provided by its advisors and custodian. See Note 6 - Fair Value Measurements for discussion of fair value measurements.

Net appreciation or depreciation in the fair value of investments consists of realized gains and losses and the unrealized appreciation and depreciation on the RICs, the CITs, the Pooled Separate Account and the SDBAs. Purchases and sales of securities are recorded on a trade-date basis. Interest earned on investments is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

The Plan has no employees or business facilities of its own. The Employer provides the use of its employees and business facilities for Plan administration without charge. The investment earnings of the Plan are net of any investment expenses.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and related disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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

Payment of Benefits

Benefits are recorded when paid.

**NOTE 3 - INCOME TAX STATUS**

The Plan is intended to be qualified under section 401(a) of the Internal Revenue Code of 1986 (the "Code") and is intended to be exempt from taxation in accordance with the applicable section of the Code. The Internal Revenue Service ("IRS") has determined and informed TIAA by letter dated October 14, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's counsel believe that the Plan is designed

**TIAA Code Section 401(k) Plan  
Notes to Financial Statements  
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and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

No interest or penalties were recognized in the Statement of Changes in Net Assets Available for Benefits or accrued on the Statements of Net Assets Available for Benefits.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of an asset or liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; in a letter dated April 5, 2024, the U.S. Department of Labor informed the Company that they would be conducting a review of the Plan for compliance with Title I of ERISA. The Company has responded to all requests for information made to-date. The review remains ongoing. Plan year 2021 and subsequent are subject to examination.

**NOTE 4 - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Employer may amend, alter, or terminate the Plan at any time in accordance with the terms of the Plan document. In the event of a termination of the Plan, the Plan requires that the net assets of the Plan be distributed to the participants according to their individual account balances and participants would become 100 percent vested in their Employer matching contributions.

**TIAA Code Section 401(k) Plan  
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**NOTE 5 - INVESTMENT INFORMATION**

Contributions to the Plan are invested in TIAA Traditional, RICs, CITs, Pooled Separate Account, or SDBAs, according to a participant's allocation election. Individual retirement annuity contracts/certificates are issued on behalf of and in the name of the participant who invests in them.

Information regarding investments, notes receivable from participants, interest and dividend income and net appreciation/(depreciation) in the fair value of investments presented or summarized in the accompanying Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits, as well as in the supplemental Schedule of Assets (Held at End of Year) - Schedule H, Line 4i, were derived from the information certified as complete and accurate by the following entities:

| Certification                      | Financial Statement Line Item                    | As of December 31, 2024 and 2023,<br>and for the year ended December 31,<br>2024 |                  |
|------------------------------------|--|--|------------------|
|                                    |  | 2024   | 2023             |
| TIAA                               | Investments, at fair value:                      |  |                  |
|                                    | Pooled Separate Account .....                    | \$ 232,494,024   | \$ 235,784,036   |
|                                    | Investments, at contract value:                  |  |                  |
|                                    | TIAA Traditional GSRA .....                      | \$ 488,198,546   | \$ 519,131,213   |
|                                    | TIAA Traditional RCP .....                       | \$ 500,139,202   | \$ 437,723,233   |
|                                    | Notes receivable from participants .....         | \$ 35,076,252  | \$ 32,524,844    |
|                                    | Interest and dividend income .....               | \$ 44,480,732  |                  |
|                                    | Net depreciation in fair value of investments .. | \$ (9,790,781)   |                  |
| CREF                               | Investments, at fair value                       |  |                  |
|                                    | CREF variable annuity contracts .....            | \$ 1,159,180,041   | \$ 1,004,841,918 |
|                                    | Interest and dividend income .....               | \$ 5,075   |                  |
|                                    | Net appreciation in fair value of investments .. | \$ 180,641,143   |                  |
| TIAA on behalf of TIAA Trust, N.A. | Investments, at fair value                       |  |                  |
|                                    | Mutual Funds .....                               | \$ 215,044,960   | \$ 168,287,253   |
|                                    | Collective Investment Trusts .....               | \$ 1,740,231,679   | \$ 1,539,764,974 |
|                                    | Self-Directed Brokerage Accounts .....           | \$ 254,058,360   | \$ 211,538,407   |
|                                    | Interest and dividend income .....               | \$ 13,119,996  |                  |
|                                    | Net appreciation in fair value of investments .. | \$ 272,565,798   |                  |
| Total                              | Investments, at fair value .....                 | \$ 3,601,009,064   | \$ 3,160,216,588 |
|                                    | Investments, at contract value .....             | \$ 988,337,748   | \$ 956,854,446   |
|                                    | Notes receivable from participants .....         | \$ 35,076,252  | \$ 32,524,844    |
|                                    | Interest and dividend income .....               | \$ 57,605,803  |                  |
|                                    | Net appreciation in fair value of investments .. | \$ 443,416,160   |                  |

**NOTE 6 - FAIR VALUE MEASUREMENTS**

ASC No. 820 establishes a framework for measuring fair value. The framework provides a hierarchy that prioritizes valuation inputs used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurement) and lowest priority to unobservable inputs (Level 3 measurements).

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The three levels of the fair value hierarchy under ASC No. 820 are described as follows:

Level 1:

Inputs are unadjusted quoted prices in active markets for identical assets and liabilities.

Level 2:

Other than quoted prices within Level 1, inputs are observable for the asset or liability, either directly or indirectly.

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets,
- quoted prices for identical or similar assets or liabilities in markets that are not active,
- inputs other than quoted prices that are observable for the asset or liability,
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3:

Inputs are unobservable inputs for the asset or liability supported by little or no market activity. Unobservable inputs reflect assumptions that market participants would be expected to use in pricing the asset or liability. Unobservable inputs are adjusted if information is reasonably available without undue cost and effort that indicates that market participants would use different assumptions.

The RICs are considered Level 1 because they are based on the net asset values (“NAV”) or accumulation unit values (“AUV”), respectively, computed each day and available on the TIAA public website and other public sources. Units may be purchased or sold daily at the quoted NAV or AUV. AUV is based on the fair value of the underlying investments held by the fund less its liabilities. Participants’ transactions may occur daily. SDBAs are reported as Level 1 as participant’s investment options are limited solely to RICs.

CITs are tax exempt, pooled investment vehicles maintained by a bank or trust company. CITs are considered level 2 because they transact utilizing a share price AUV, which is not traded on an exchange. Participant transactions (purchases and sales) may occur daily with no notice period.

The Plan holds investments in CITs as follows:

- BlackRock Strategic Completion Non-Lendable Fund - The objective of this fund is to provide long-term investors with an asset allocation strategy designed to provide a strategic portfolio of diversifying and real return type asset classes.
- BlackRock Equity Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the S&P 500.
- BlackRock U.S. Debt Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the Bloomberg Barclays U.S. Aggregate Bond Index.
- BlackRock Mid Cap Equity Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the S&P Mid Cap 400 Index.
- BlackRock MSCI ACWI ex-U.S. Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the MSCI ACWI ex-U.S. Net Dividend Return Index.
- BlackRock Russell 2000 Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the Russell 2000 Index.
- Schroder International Multi-Cap Equity Trust - The objective of this fund is to seek long-term capital appreciation using a bottom-up, index-unconstrained approach to international stock investing providing diversification across countries, sectors and market capitalizations.
- Wellington International Opportunities Series 1 Portfolio - The objective of this fund is to provide long-term total return in excess of the MSCI All Country World ex US Index.

**TIAA Code Section 401(k) Plan  
Notes to Financial Statements  
As of December 31, 2024 and 2023**

- Alliance Bernstein US Small and Mid Cap Value Fund - This fund seeks long-term capital growth by investing primarily in small and mid-cap US stocks that offer compelling long-term return potential at attractive valuations.

The Pooled Separate Account has a quoted AUV, and is considered Level 2 because it is not traded on an exchange and has restrictions on transfers and withdrawals.

The following table sets forth, by level within the hierarchy, the Plan's investments at fair value as of:

|  | <b>December 31, 2024</b> |                         |                |                         |
|--|--------------------------|-------------------------|----------------|-------------------------|
|  | <b>Level 1</b>           | <b>Level 2</b>          | <b>Level 3</b> | <b>Total</b>            |
| Interest in:                           |                          |                         |                |                         |
| Registered Investment Companies        | \$ 1,374,225,001         | \$ —                    | \$ —           | \$ 1,374,225,001        |
| Collective Investment Trusts           | —                        | 1,740,231,679           | —              | 1,740,231,679           |
| Self-Directed Brokerage Accounts       | 254,058,360              | —                       | —              | 254,058,360             |
| Pooled Separate Account                | —                        | 232,494,024             | —              | 232,494,024             |
| <b>Total investments at fair value</b> | <b>\$ 1,628,283,361</b>  | <b>\$ 1,972,725,703</b> | <b>\$ —</b>    | <b>\$ 3,601,009,064</b> |

  

|  | <b>December 31, 2023</b> |                         |                |                         |
|--|--------------------------|-------------------------|----------------|-------------------------|
|  | <b>Level 1</b>           | <b>Level 2</b>          | <b>Level 3</b> | <b>Total</b>            |
| Interest in:                           |                          |                         |                |                         |
| Registered Investment Companies        | \$ 1,173,129,171         | \$ —                    | \$ —           | \$ 1,173,129,171        |
| Collective Investment Trusts           | —                        | 1,539,764,974           | —              | 1,539,764,974           |
| Self-Directed Brokerage Accounts       | 211,538,407              | —                       | —              | 211,538,407             |
| Pooled Separate Account                | —                        | 235,784,036             | —              | 235,784,036             |
| <b>Total investments at fair value</b> | <b>\$ 1,384,667,578</b>  | <b>\$ 1,775,549,010</b> | <b>\$ —</b>    | <b>\$ 3,160,216,588</b> |

**NOTE 7 - PARTIES-IN-INTEREST AND RELATED PARTY TRANSACTIONS**

Certain Plan investments and securities are managed by TIAA or Nuveen, LLC ("Nuveen"), a wholly-owned subsidiary of TIAA. TIAA is a party-in-interest as the Plan Sponsor and provider of investment management services, through Nuveen, and accounting services to the Plan, and therefore these transactions, as well as notes receivable from participants, qualify as party-in-interest transactions that are allowable under ERISA. TIAA has a revenue credit agreement with the Plan Sponsor, to fund a revenue credit account within the Plan, based upon revenues generated by certain Plan investments that exceed certain thresholds. The Plan allocated \$2,090,221 to participant accounts in 2024. TIAA contributed \$2,636,719 to the revenue credit account during 2024. The account balance was \$678,359 and \$74,514 at December 31, 2024 and 2023, respectively.

**NOTE 8 - SUBSEQUENT EVENTS**

Subsequent events have been considered through October 10, 2025, the date the financial statements were available to be issued. Based on this evaluation, no adjustments were required to the financial statements as of December 31, 2024.

**Supplemental Schedule**

**TIAA Code Section 401(k) Plan**  
**Schedule of Assets (Held at End of Year) - Schedule H, Line 4i**  
**December 31, 2024**

| Identity of Issue, Type of Fund                           | Description of Investment                    | Cost*** | Current Value           |
|---|--|---------|-------------------------|
| * CREF Core Bond R3                                       | Registered Investment Company                | ***     | \$ 47,373,510           |
| * CREF Core Bond R4                                       | Registered Investment Company                | ***     | 6,642,699               |
| * CREF Equity Index R3                                    | Registered Investment Company                | ***     | 57,684,134              |
| * CREF Global Equities R3                                 | Registered Investment Company                | ***     | 117,230,716             |
| * CREF Global Equities R4                                 | Registered Investment Company                | ***     | 215,196,085             |
| * CREF Growth R3  | Registered Investment Company                | ***     | 161,100,451             |
| * CREF Growth R4  | Registered Investment Company                | ***     | 41,159,339              |
| * CREF Inflation-Linked Bond R3                           | Registered Investment Company                | ***     | 8,044,846               |
| * CREF Money Market R3                                    | Registered Investment Company                | ***     | 33,938,738              |
| * CREF Money Market R4                                    | Registered Investment Company                | ***     | 13,688,395              |
| * CREF Social Choice R3                                   | Registered Investment Company                | ***     | 40,120,764              |
| * CREF Social Choice R4                                   | Registered Investment Company                | ***     | 11,088,466              |
| * CREF Stock R3   | Registered Investment Company                | ***     | 219,994,683             |
| * CREF Stock R4   | Registered Investment Company                | ***     | 185,917,215             |
| * Nuveen Core Plus Bond R6                                | Registered Investment Company (Mutual Funds) | ***     | 16,656,147              |
| * Nuveen High Yield R6                                    | Registered Investment Company (Mutual Funds) | ***     | 9,166,789               |
| * Nuveen Large Cap Growth R6                              | Registered Investment Company (Mutual Funds) | ***     | 61,499,239              |
| * Nuveen Large Cap Resp Eq R6                             | Registered Investment Company (Mutual Funds) | ***     | 12,950,911              |
| * Nuveen Short Term Bond R6                               | Registered Investment Company (Mutual Funds) | ***     | 5,092,925               |
| JPMorgan Equity Inc Fd Cla R6                             | Registered Investment Company (Mutual Funds) | ***     | 54,678,919              |
| Vanguard Explorer Adm                                     | Registered Investment Company (Mutual Funds) | ***     | 23,840,975              |
| Vanguard Federal Money Mkt Inv                            | Registered Investment Company (Mutual Funds) | ***     | 31,159,055              |
| Alliance Bernstein US Small and Mid Cap Value Fund        | Collective Investment Trust                  | ***     | 4,944,115               |
| BlackRock Equity Index Fund                               | Collective Investment Trust                  | ***     | 701,359,881             |
| BlackRock Mid Cap Equity Index Fund                       | Collective Investment Trust                  | ***     | 222,997,307             |
| BlackRock MSCI ACWI ex-U.S. Index Fund                    | Collective Investment Trust                  | ***     | 498,642,259             |
| BlackRock Russell 2000 Index Fund                         | Collective Investment Trust                  | ***     | 162,168,741             |
| BlackRock Strategic Completion Non-Lendable Fund          | Collective Investment Trust                  | ***     | 1,245,589               |
| BlackRock U.S. Debt Index Fund                            | Collective Investment Trust                  | ***     | 125,566,254             |
| Schroder International Multi-Cap Equity Trust             | Collective Investment Trust                  | ***     | 5,510,013               |
| Wellington International Opportunities Series 1 Portfolio | Collective Investment Trust                  | ***     | 17,797,520              |
| ** TIAA-CREF Self-Directed Acct                           | Self-Directed Brokerage Account              | ***     | 254,058,360             |
| * TIAA Real Estate Separate Account                       | Pooled Separate Account                      | ***     | 232,494,024             |
| * TIAA Traditional Annuity Benefit Responsive             | TIAA Traditional GSRA                        | ***     | 488,198,546             |
| * TIAA Traditional Annuity Benefit Responsive 2           | TIAA Traditional RCP                         | ***     | 500,139,202             |
| * Notes Receivable from Participants                      | See footnote below****                       | ***     | 35,076,252              |
| Total   |  |         | <u>\$ 4,624,423,064</u> |

\* Party in-interest

\*\* Participants have the ability to invest in publicly traded mutual funds through the SDBA, including funds administered by Nuveen. Portions of the self-directed balance can and do contain investments in these proprietary funds as of December 31, 2024.

\*\*\* Cost is omitted because plan investments are participant-directed

\*\*\*\*Participant loans have interest rates ranging from 3.25% to 9.50% with the latest maturity date of December 2034.

The information in this schedule has been certified as to its completeness and accuracy by TIAA and CREF as shown in Note 5 to the Plan's financial statements.

|                         |                                      |
|-------------------------|--------------------------------------|
| <b>Plan Name</b>        | <b>TIAA Code Section 401(k) Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>13-1624203</b>                    |
| <b>ERISA Plan #</b>     | <b>003</b>                           |
| <b>Plan Year Ending</b> | <b>December 31, 2024</b>             |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>  | <b>Attachment</b> |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                         |                                      |
|-------------------------|--------------------------------------|
| <b>Plan Name</b>        | <b>TIAA Code Section 401(k) Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>13-1624203</b>                    |
| <b>ERISA Plan #</b>     | <b>003</b>                           |
| <b>Plan Year Ending</b> | <b>December 31, 2024</b>             |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>  | <b>Attachment</b> |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |