

|   |  |   |
|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><h2 style="text-align: center;">2024</h2><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

**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**

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>MEREDITH COLLEGE RETIREMENT PLAN</u>  | <b>1b</b> Three-digit plan number (PN) ▶ <u>003</u>   |
| <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>MEREDITH COLLEGE</u><br><br><u>3800 HILLSBOROUGH STREET</u><br><u>RALEIGH, NC 27607-5298</u> | <b>1c</b> Effective date of plan<br><u>07/01/1958</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>56-0530242</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>919-760-8850</u><br><br><b>2d</b> Business code (see instructions)<br><u>611000</u> |

**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 | TAMMI JACKSON  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 925 |
| <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>                               | 400 |
|   | <b>6a(2)</b>                               | 419 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 448 |
|   | <b>6d</b>                                  | 867 |
|   | <b>6e</b>                                  | 13  |
|   | <b>6f</b>                                  | 880 |
|   | <b>6g(1)</b>                               | 926 |
| <b>6g(2)</b>  | 880  |     |
| <b>6h</b>   | 4  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2L 3D

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

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

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

**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 2
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

---

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

---

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

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

---

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

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

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

---

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

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

|  |  |  |
|--|--|--|
| <p><b>A</b> Name of plan<br/><b>MEREDITH COLLEGE RETIREMENT PLAN</b></p>                         | <p><b>B</b> Three-digit plan number (PN) ▶ <b>003</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MEREDITH COLLEGE</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>56-0530242</b></p> |  |

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**VARIABLE ANNUITY LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 74-1625348 | 70238         | 04988                                 | 47  | 01/01/2024              | 12/31/2024 |

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

|  |   |
|--|---|
| (a) Total amount of commissions paid<br><b>365</b> | (b) Total amount of fees paid<br><b>0</b> |
|--|---|

**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

**LAUREN I JOHNSON** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 297   |                                 |             | 3                     |

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

**MARK F ROBERTS** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 34  |                                 |             | 3                     |

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

ALEXANDER GRACIA

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 34  |                                 |             | 3                     |

(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 .....  | 900656              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   |                     |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                     |
| <b>a</b>                   | State the basis of premium rates ▶   |                     |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>           |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>           |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>           |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                     |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                     |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                     |
| <b>a</b>                   | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                     |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 971593    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 0      |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b> 0      |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 37533  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 0      |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b> 0      |
|                            | (6) Total additions .....  | <b>7c(6)</b> 37533  |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 1009126   |
| <b>e</b>                   | <b>Deductions:</b>   |                     |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 108470 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b>        |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b>        |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b>        |
| (5) Total deductions ..... | <b>7e(5)</b> 108470  |                     |
| <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> 900656    |

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

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

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

**9** Experience-rated contracts:

|          |  |                 |                 |  |   |
|----------|--|-----------------|-----------------|--|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |  |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |  |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |  |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |  | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |  |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |  |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |  | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |  |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |  |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |  |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |  |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |  |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |  |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |  |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |  |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |  |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |  | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |  |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |  |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |  |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |  |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|  |  |
|--|--|
| <b>A</b> Name of plan<br><b>MEREDITH COLLEGE RETIREMENT 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>MEREDITH COLLEGE</b> | <b>D</b> Employer Identification Number (EIN)<br><b>56-0530242</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**TIAA-CREF**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>13-1624203</b> | <b>69345</b>         | <b>150263</b>                                | <b>413</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                      |
|----------------------------|--|----------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                      |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 18469463             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 2383850              |
| <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> 18379950   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 203739  |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b> 0       |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 817047  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 1813267 |
|                            | (5) Other (specify below).....<br>▶ LOAN REPAYMENTS, FORFEITURES, TAKEOVERS, ADJUSTMENTS   | <b>7c(5)</b> 6375    |
|                            | (6) Total additions .....  | <b>7c(6)</b> 2840428 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 21220378   |
| <b>e</b>                   | Deductions:  |                      |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 1331088 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b>         |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 1391829 |
|                            | (4) Other (specify below).....<br>▶ FEES   | <b>7e(4)</b> 27998   |
| (5) Total deductions ..... | <b>7e(5)</b> 2750915   |                      |
| <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> 18469463   |

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

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

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

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>MEREDITH COLLEGE RETIREMENT 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>MEREDITH COLLEGE</b> | <b>D</b> Employer Identification Number (EIN)<br><b>56-0530242</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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

TIAA

13-1624203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 26 72               | NONE  | 54154  | 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)

VERITY ASSET MANAGEMENT

56-1981693

| (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                     | NONE  | 8647   | 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)

| (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> | <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>MEREDITH COLLEGE RETIREMENT 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>MEREDITH COLLEGE</u> | <b>D</b> Employer Identification Number (EIN)<br><u>56-0530242</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 ACCOUNT</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>             |                               |  |
| <b>c</b> EIN-PN <u>13-1624203-004</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2383850</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                 |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):                              |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



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

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>MEREDITH COLLEGE RETIREMENT 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>MEREDITH COLLEGE</b>                 | <b>D</b> Employer Identification Number (EIN)<br><b>56-0530242</b> |

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

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

| Assets  | (a) Beginning of Year | (b) End of Year   |
|---|-----------------------|-------------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                   |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                   |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                   |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                   |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                   |
| <b>c</b> General investments:   |                       |                   |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                   |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                   |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                   |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                   |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                   |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                   |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                   |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                   |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                   |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                   |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                   |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          | 95509 149788      |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          |                   |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         | 2617827 2383850   |
| <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>         | 64379421 72241369 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 19351543 19370119 |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         |                   |

| <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>    | 86444300              | 94145126        |
| <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>    | 86444300              | 94145126        |

**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> | 1203359    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 1726021    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 706060     |           |
| (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>    |            | 3635440   |
| <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> | 10159      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 854580     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 864739    |
| <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> | 1687166    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1687166   |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | -107459   |
| (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> |            | 7848779   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 9335      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 13938000  |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 6181775 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 6181775 |
| <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>  | 55399   |         |
| (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>  |         |         |
| (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> |         | 55399   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 6237174 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 7700826 |
| <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: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>MEREDITH COLLEGE RETIREMENT 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>MEREDITH COLLEGE</u> | <b>D</b> Employer Identification Number (EIN)<br><u>56-0530242</u> |            |

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

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

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 13-1624203 74-1625348

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

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

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

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

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

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# **Meredith College Retirement Plan**

Financial Statements and  
Supplemental Schedule

*As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024*

*And Report of Independent Auditor*

# Meredith College Retirement Plan

## Table of Contents

---

Report of Independent Auditor . . . . . 1

Statements of Net Assets Available for Benefits . . . . . 5

Statement of Changes in Net Assets Available for Benefits . . . . . 6

Notes to the Financial Statements . . . . . 7

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) . . . . . 17

## Report of Independent Auditor

To the Plan Administrator  
Meredith College Retirement Plan  
Raleigh, North Carolina

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

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

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

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

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

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

### **Basis for Opinion**

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States, 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.

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

#### **Other Matter - Supplemental Schedule Required by ERISA**

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

In our opinion:

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

*Cherry Bekaert LLP*

Raleigh, North Carolina  
September 29, 2025

# Meredith College Retirement Plan

## Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

|  | <u>2024</u>                 | <u>2023</u>                 |
|--|-----------------------------|-----------------------------|
| <b>ASSETS</b>  |                             |                             |
| <b>Investments:</b>                                    |                             |                             |
| <b>Investments, at Fair Value:</b>                     |                             |                             |
| Registered investment company funds                    | \$ 72,241,369               | \$ 64,379,421               |
| Pooled separate accounts                               | 2,383,850                   | 2,617,827                   |
| Guaranteed investment contracts                        | 14,913,169                  | 14,985,963                  |
| <b>Total Investments, at Fair Value</b>                | <u>89,538,388</u>           | <u>81,983,211</u>           |
| <b>Investments at Contract Value:</b>                  |                             |                             |
| Guaranteed investment contracts with insurance company | 4,456,950                   | 4,365,580                   |
| <b>Total Investments</b>                               | <u>93,995,338</u>           | <u>86,348,791</u>           |
| <b>Receivables:</b>                                    |                             |                             |
| Notes receivable from participants                     | 149,788                     | 95,509                      |
| <b>Total Assets</b>                                    | <u>94,145,126</u>           | <u>86,444,300</u>           |
| <b>Net Assets Available for Benefits</b>               | <u><u>\$ 94,145,126</u></u> | <u><u>\$ 86,444,300</u></u> |

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

# Meredith College Retirement Plan

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

2024

### Additions:

#### Investment Income:

|   |              |
|---|--------------|
| Interest and dividends                        | \$ 1,964,642 |
| Net appreciation in fair value of investments | 8,327,759    |

**Total Investment Income** 10,292,401

#### Contributions:

|                           |           |
|---------------------------|-----------|
| Participant contributions | 1,726,021 |
| Employer contributions    | 1,203,359 |
| Rollovers                 | 706,060   |

**Total Contributions** 3,635,440

Interest income on notes receivable from participants 10,159

**Total Additions** 13,938,000

### Deductions:

|                               |           |
|-------------------------------|-----------|
| Benefits paid to participants | 6,181,775 |
| Administrative expenses       | 55,399    |

**Total Deductions** 6,237,174

**Net increase** 7,700,826

Net assets available for benefits, beginning of year 86,444,300

**Net assets available for benefits, end of year** \$ 94,145,126

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

# Meredith College Retirement Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

---

### 1. Description of the Plan

The following description of the Meredith College Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

*General* – The Plan is a defined contribution plan established by Meredith College (the "College" or "Plan Sponsor") on June 1, 1984, and was amended and restated effective January 1, 2019. Effective January 1, 2019, the Plan merged with and transferred in assets from another Meredith College Retirement Plan. Effective January 1, 2019, the Plan ended its agreement with the VALIC Trust Company ("VALIC"), represented by AIG Retirement Services, and amounts were distributed to participants or transferred to the Teachers Insurance and Annuity Association of America and College Retirement Equities Fund ("TIAA-CREF") accounts. Certain investments will remain with VALIC until the participant elects to liquidate the investment. However, contributions are limited to investment options as noted below. The Plan covers all eligible employees of the College. Entry dates for Plan participation are the first full payroll period coincident with or immediately following eligibility date, which is defined as an employee's first day of employment with the College. Participants are eligible for College contributions after completing one year of service, which is defined as 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

*Administration* – The Plan is administered by the College, which serves without compensation. The Plan administrator has the overall responsibility and authority as the named fiduciary to manage and control the operations and administration of the Plan and may designate one or more individuals to perform those responsibilities. The College has designed a committee to provide recommendations to Plan management for Plan revisions, to ensure Plan compliance with ERISA and terms of the Plan document, and to oversee the selection and monitoring of investment options within the Plan.

*Contributions* – Participants may elect to contribute pre-tax contributions, as defined in the Plan document, up to the maximum percentage of compensation and dollar amounts permissible under the Internal Revenue Code ("IRC") not to exceed certain limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The College's contribution is discretionary. During the year ended December 31, 2024, the College contributed 5% of eligible participant compensation as defined by the Plan.

*Participant Accounts* – Each participant's account is credited with the participant's contributions and College's contributions and an allocation of the Plan's earnings or losses and charged with benefit paid to the participant and administrative expenses not paid by the College. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

# Meredith College Retirement Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

---

### 1. Description of the Plan (continued)

*Vesting* – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants are fully vested in the College contribution portion of their accounts after one year of service.

*Investment Options* – Upon enrollment in the Plan, a participant may direct 100% of their allocation of contributions to TIAA-CREF. Within TIAA-CREF, participants may select between several investment options.

*Plan Loans* – Participants may borrow directly from the funds held by TIAA-CREF, a minimum of \$1,000 up to a maximum equal to lesser of \$50,000 or 50% of their vested account balance, whichever is less. Loans are secured by the balance in the Participant's account and bear interest rates ranging from 4.00% to 5.68% with maturities through October 2028 as of December 31, 2024. Plan loan may not exceed 5 years, unless it is for a down payment of a principal residence, in which loans may not exceed 15 years. Principal and interest payments due are billed to the participants on a monthly or quarterly basis. Because Plan loans are borrowed directly from funds held by TIAA-CREF and not from participant accounts, they are not considered an asset of the Plan and are not included on the statements of net assets available for benefits. Plan loans outstanding amounted to \$77,147 and \$100,215 as of December 31, 2024 and 2023, respectively.

*Notes Receivable from Participants* – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance with TIAA-CREF, whichever is less. The loans are secured by the balance in the participant's account. Notes receivable from participants may not exceed five years or unless it is for a down payment of a principal residence, in which loans may not exceed 15 years. As of December 31, 2024 and 2023, notes receivable from participants were \$149,788 and \$95,509, respectively, with interest rates ranging from 4.25% to 9.50% and maturity dates through September 2031. Principal and interest are paid ratably through payroll deductions.

*Benefits and Payments* – Upon termination of service due to death, disability, or retirement or severance of employment, a participant's account balance will be available for distribution at any time. Upon termination, participants will receive a qualified joint and survivor annuity, unless a qualified election is made to waive this form of benefit. Upon termination for unmarried participants, participants will receive a life annuity, unless a qualified election is made to receive some other form of payment. In addition, there are other payout options that may be provided under the annuity contracts of the Plan. These options depend on the participant's marital status, election made (if any), and the size of the vested benefit. All methods of distribution have equivalent values. Withdrawals prior to attaining age 59½ are not permitted, except in the event of retirement, disability, or as a hardship distribution. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for a hardship purpose. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½.

# Meredith College Retirement Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

---

### 1. Description of the Plan (continued)

*Forfeitures* – At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$19 and \$2,804, respectively. Per the Plan document, these accounts will be used to reduce future employer contributions or to pay Plan administrative expenses. During 2024, employer contributions were reduced by \$10,006, from forfeited nonvested accounts, in accordance with Plan provisions.

### 2. Summary of Significant Accounting Policies

*Basis of Accounting* – The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States ("U.S. GAAP").

*Use of Estimates* – The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

*Investment Recognition* – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Investment Valuation* – Investments are reported at fair value and contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. Investment contracts held by a defined contribution plan are required to be reported at fair and contract value, depending on the type of contract. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully-benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 4 for discussion of fair value measurements.

*Notes Receivable from Participants* – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the term of the Plan document.

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

# Meredith College Retirement Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

---

### 2. Summary of Significant Accounting Policies (continued)

*Administrative Expenses* – Unless stated otherwise, Plan administration expenses are generally paid by the College. Expenses that are paid by the College are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

*Risks and Uncertainties* – The Plan invests in various investment securities. Investment securities in general are subject to various risks, such as interest rate, credit risks, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

### 3. Information Certified by the Qualified Institutions (unaudited)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, TIAA-CREF, AIG Retirement Services, and VALIC, the "qualified institutions" of the Plan, have certified to the completeness and accuracy of the following data included in the accompanying financial statements:

- Investments at fair value, investments at contract value, and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Schedule of Assets (Held of End of Year) - Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

# Meredith College Retirement Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

---

### 4. Fair Value Measurements

U.S. GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The Plan administrator uses valuation techniques which maximize the use of observable inputs when measuring fair value.

U.S. GAAP describes three levels of inputs that may be used to measure fair value.

*Level 1* – Inputs to the valuation methodology are quoted prices available in active markets for identical instruments as of the reporting date.

*Level 2* – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or their valuation methodologies; and

*Level 3* – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability, and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following are descriptions of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

*Registered Investment Company Funds* – These investments are public investment vehicles valued using the net asset value ("NAV") provided by the administrator of the fund. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

*Guaranteed Investment Contracts* – These investments are made by the Plan in guaranteed annuity contracts which is invested in the general assets of TIAA-CREF, who guarantees a fixed interest rate. The fair value approximates the contract value for these non-fully benefit-responsive versions of the annuity. See Note 5 for information related to the valuation methodology used in determining the fair value. These investments are classified within Level 3 of the valuation hierarchy.

*Pooled Separate Accounts* – These assets are not available in an exchange or active market; however, the fair value is determined based on NAV of the underlying assets as traded in an exchange or active market. As the investment is valued at NAV as a practical expedient, the pooled separate account is not classified within the fair value hierarchy.

# Meredith College Retirement Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

### 4. Fair Value Measurements (continued)

The Plan believes its valuation methods are appropriate and consistent with other market participants; however, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used to value the investments used at December 31, 2024 and 2023.

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

| <b>Assets at Fair Value as of<br/>December 31, 2024</b>     | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b>       | <b>Total</b>         |
|---|----------------------|----------------|----------------------|----------------------|
| Registered investment<br>company funds                      | \$ 72,241,369        | \$ -           | \$ -                 | \$ 72,241,369        |
| Guaranteed investment<br>contracts                          | -                    | -              | 14,913,169           | 14,913,169           |
| <b>Total assets in the fair value<br/>hierarchy</b>         | <b>72,241,369</b>    | <b>-</b>       | <b>14,913,169</b>    | <b>87,154,538</b>    |
| Pooled separate accounts<br>measured at net asset value (a) | -                    | -              | -                    | 2,383,850            |
| <b>Total investments, at fair<br/>value</b>                 | <b>\$ 72,241,369</b> | <b>\$ -</b>    | <b>\$ 14,913,169</b> | <b>\$ 89,538,388</b> |

| <b>Assets at Fair Value as of<br/>December 31, 2023</b>        | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b>       | <b>Total</b>         |
|--|----------------------|----------------|----------------------|----------------------|
| Registered investment<br>company funds                         | \$ 64,379,421        | \$ -           | \$ -                 | \$ 64,379,421        |
| Guaranteed investment<br>contracts                             | -                    | -              | 14,985,963           | 14,985,963           |
| <b>Total assets in the fair value<br/>hierarchy</b>            | <b>64,379,421</b>    | <b>-</b>       | <b>14,985,963</b>    | <b>79,365,384</b>    |
| Pooled separate accounts<br>measured at net asset value<br>(a) | -                    | -              | -                    | 2,617,827            |
| <b>Total investments, at fair<br/>value</b>                    | <b>\$ 64,379,421</b> | <b>\$ -</b>    | <b>\$ 14,985,963</b> | <b>\$ 81,983,211</b> |

# Meredith College Retirement Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

### 4. Fair Value Measurements (continued)

(a) In accordance with U.S. GAAP, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits. The pooled separate account ("fund") represents investment in an asset mix that seeks to generate favorable long-term returns primarily through rental income and appreciation of real estate and real estate related investments by the fund. The fund will also invest in non-real estate related publicly traded securities and short-term, higher quality liquid investments that are easily converted to cash to enable the fund to meet participant redemption requests, purchase or improve securities, or cover expense needs.

### Changes in Fair Value of Level 3 Assets

The table below sets forth a summary of changes in fair value of the Plan's Level 3 investment assets for the year ended December 31, 2024:

|                        | <b>2024</b>          |
|------------------------|----------------------|
| Beginning fair value   | \$ 14,985,963        |
| Contribution           | 181,790              |
| Interest and dividends | 682,431              |
| Distributions          | (937,015)            |
| Ending fair value      | <u>\$ 14,913,169</u> |

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

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

| Instrument                     | Fair Value<br>December<br>31, 2024 | Fair Value<br>December<br>31, 2023 | Valuation<br>Technique | Unobservable<br>Inputs                | Range (Weighted<br>Average) |
|--------------------------------|------------------------------------|------------------------------------|------------------------|---------------------------------------|-----------------------------|
| Guaranteed investment contract | \$14,913,169                       | \$14,985,963                       | Discounted Cash flow   | Risk-adjusted discounted rate applied | 6.25% - 6.75%               |

# Meredith College Retirement Plan

## Notes to the Financial Statements

December 31, 2024 and 2023

### 4. Fair Value Measurements (continued)

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and 2023.

| <b>December 31, 2024</b> | <b>Unfunded<br/>Fair Value</b> | <b>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption Period</b> |
|--------------------------|--------------------------------|--------------------|---------------------------------|--------------------------|
| Pooled separate accounts | \$ 2,383,850                   | N/A                | Daily                           | 30 days                  |

| <b>December 31, 2023</b> | <b>Unfunded<br/>Fair Value</b> | <b>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption Period</b> |
|--------------------------|--------------------------------|--------------------|---------------------------------|--------------------------|
| Pooled separate accounts | \$ 2,617,827                   | N/A                | Daily                           | 30 days                  |

### 5. Investments Contracts with Insurance Companies

The Plan invests in guaranteed fixed annuity contracts with TIAA-CREF and VALIC. The non-fully benefit-responsive contract with TIAA-CREF includes the Retirement Annuity account ("RA") and the retirement Choice Annuity account ("RC"). The fully benefit-responsive contract with VALIC includes the Fixed Account Plus comprised of the following VALIC Investment Products: Portfolio Director ("PD") Group Fixed and Variable Deferred Annuity Contract. The Short-Term Fixed Account is comprised of the Short-term PD products and the Fixed Interest Option is comprised of the Group Fixed Unallocated Annuity ("GFUA") Contract.

TIAA-CREF and VALIC maintain the contributions in general accounts. TIAA-CREF and VALIC group the premium dollars they receive over defined time periods into vintages, typically composed of one or more contiguous calendar months, for the purpose of determining the crediting rate to participant's accounts. The crediting rate for each vintage is determined, in part, by the net investment earnings rate or the issuer's assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Participants may ordinarily direct the withdrawal or transfer of all or portion of their investment at stated value.

# Meredith College Retirement Plan

## Notes to the Financial Statements

*December 31, 2024 and 2023*

---

### **5. Investments Contracts with Insurance Companies (continued)**

The guaranteed investment contract issuer of the TIAA-CREF investment contract is contractually obligated to repay the principal and a specified interest rate, generally 3.00%, that is guaranteed to the Plan. The TIAA-CREF interest rate is based on a formula agreed upon with the issuer but may not be less than 3.00% for the RA and RC accounts. The TIAA-CREF Board of Trustees may declare additional amounts on a year-by-year basis. These additional amounts, when declared, remain in effect for the 12-month declaration year that begins each March 1 for accumulating annuities and January 1 for lifetime payout annuities; they are not guaranteed for future years. The guaranteed investment contract with TIAA-CREF does not permit the issuer to terminate the agreement prior to the scheduled maturity date. The fair value of the non-fully benefit-responsive contract as of December 31, 2024 and 2023 was \$14,913,169 and \$14,985,963, respectively. The contract value of the fully benefit-responsive contracts managed by TIAA-CREF as of December 31, 2024 and 2023 was \$3,556,294 and \$3,393,988, respectively.

Under the terms of the VALIC investment contract, participant-initiated transactions for the purpose of receiving benefits allowed under the Plan are completed at contract value. The VALIC fixed account options are supported by the VALIC general account and offer guaranteed crediting rates specified in advance of participant investment and set in response to several factors. The minimum guaranteed interest rate for the Fixed Account Plus and Short-Term Fixed Account varies by participant and depends on the date the participant established his or her account. Participant accounts set up before December 1, 2003 have a minimum guaranteed interest rate of 3.00%. The minimum guaranteed interest rate for accounts set up on or after December 1, 2003 is 2.00%. Effective January 1, 2011, contracts issued to new participants have an indexed guaranteed minimum interest rate (subject to state approval). These minimums apply to all VALIC fixed options under the contract. The minimum guaranteed interest rate for Fixed Interest Option was 1%. The contract value of the fully benefit-responsive contracts managed by VALIC as of December 31, 2024 and 2023 was \$900,656 and \$971,592, respectively.

Certain events limit the Plan's ability to transact at contract value with TIAA-CREF and VALIC. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example divestitures, or spin-offs of the subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

### **6. Plan Termination**

The College believes the Plan will continue without interruption but reserves the right to discontinue the Plan. In the event such discontinuance results in termination of the Plan, the Plan provides that the assets be allocated among the participants and beneficiaries in the amounts credited to each participant's respective account at the effective date of such termination. Distribution of participant account balances will occur as soon as administratively feasible upon termination of the Plan.

# **Meredith College Retirement Plan**

## Notes to the Financial Statements

*December 31, 2024 and 2023*

---

### **7. Income Tax Status**

On August 1, 2017, the Internal Revenue Service ("IRS") stated that the prototype plan adopted by the Plan, as then designed, qualifies under Section 401 of the IRC. The Plan prototype plan has been amended since receiving the determination letter. The Plan has not received a determination letter specific to the Plan itself. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the 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 a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress

### **8. Related Party and Party-in-interest Transactions**

Certain Plan investments are managed by the qualified institutions and, therefore, these transactions qualify as exempt party-in-interest transactions.

Fees paid by the Plan for the investment management services of TIAA-CREF amounted to \$299,472 for the year ended December 31, 2024, which are included in net appreciation in fair value of investments within the statement of changes in net assets available for benefits. Other administrative services fees totaled \$55,399.

Notes receivable from participants also qualify as party-in-interest transactions.

### **9. Subsequent Events**

In accordance with U.S. GAAP related to subsequent events, the Plan has evaluated all events subsequent to the statements of net assets available for benefits dated December 31, 2024 through September 29, 2025.

## **Supplemental Schedule**

**Meredith College Retirement Plan**  
Schedule of Assets (Held at End of Year)  
Form 5500, Schedule H, Part IV, Line 4i  
EIN: 56-0530242, Plan Number: 003

*December 31, 2024*

| (a)  | (b)   | (c)              | (e) |
|--|---|------------------|-----|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Current<br>Value |     |
| <b>Registered Investment Company Funds:</b>              |   |                  |     |
| * TIAA-CREF  | CREF Stock R2   | \$ 15,188,343    |     |
| * TIAA-CREF  | CREF Money Market R2  | 1,662,800        |     |
| * TIAA-CREF  | CREF Social Choice R2   | 1,595,314        |     |
| * TIAA-CREF  | CREF Global Equities R2   | 2,448,266        |     |
| * TIAA-CREF  | CREF Growth R2  | 4,753,279        |     |
| * TIAA-CREF  | CREF Equity Index R2  | 2,293,517        |     |
| * TIAA-CREF  | CREF Inflation-Linked Bond R2   | 678,937          |     |
| * TIAA-CREF  | CREF Core Bond R2   | 941,767          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2010 R6  | 212,233          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2015 R6  | 387,766          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2020 R6  | 1,848,768        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2025 R6  | 1,665,142        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2030 R6  | 3,881,655        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2035 R6  | 2,826,944        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2040 R6  | 3,965,441        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2045 R6  | 2,832,815        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2050 R6  | 1,235,369        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2055 R6  | 662,689          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2060 R6  | 600,138          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2065 R6  | 140,612          |     |
| * TIAA-CREF  | Nuveen Money Market R6  | 929,309          |     |
| * TIAA-CREF  | PIMCO Commod RealRetStrat Inst  | 7,626            |     |
| * TIAA-CREF  | T. Rowe Price Large-Cap Gr I  | 1,216,325        |     |
| * TIAA-CREF  | Vanguard Equity Income Adm  | 1,663,369        |     |
| * TIAA-CREF  | Vanguard Infl Protect Sec Adm   | 399,992          |     |
| * TIAA-CREF  | Vanguard Small-Cap Idx Adm  | 1,038,040        |     |
| * TIAA-CREF  | Vanguard Ttl Bd Mkt Idx Adm   | 656,949          |     |
| * TIAA-CREF  | Vanguard Mid-Cap Idx Adm  | 811,551          |     |
| * TIAA-CREF  | Nuveen Core Impact Bond R6  | 118,180          |     |
| * TIAA-CREF  | Vanguard Small-Cap Val Idx Adm  | 600,938          |     |
| * TIAA-CREF  | Nuveen Large Cap Resp Eq R6   | 1,335,591        |     |
| * TIAA-CREF  | American Beacon Intrntl Eq R5   | 197,388          |     |
| * TIAA-CREF  | Janus Henderson Enterprise N  | 292,044          |     |
| * TIAA-CREF  | MFS Global Equity Class R6  | 390,378          |     |
| * TIAA-CREF  | PIMCO Intl Bd USDolHed Inst   | 266,457          |     |
| * TIAA-CREF  | Principal Real Estate Sec Inst  | 311,704          |     |
| * TIAA-CREF  | TCW Core Fixed Income Class I   | 276,467          |     |
| * TIAA-CREF  | Vanguard Small-Cap Grw Idx Adm  | 571,750          |     |
| * TIAA-CREF  | Vanguard Developd Mkts Idx Adm  | 1,634,611        |     |

**Meredith College Retirement Plan**  
Schedule of Assets (Held at End of Year)  
Form 5500, Schedule H, Part IV, Line 4i  
EIN: 56-0530242, Plan Number: 003

*December 31, 2024*

| (a)  | (b)   | (c)              | (e) |
|--|---|------------------|-----|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Current<br>Value |     |
| <b>Registered Investment Company Funds (continued):</b>  |   |                  |     |
| * TIAA-CREF  | Vanguard Large-Cap Index Adm  | \$ 5,670,445     |     |
| * TIAA-CREF  | American Cent MdCpVa Fd Cla R6  | 307,746          |     |
| * TIAA-CREF  | BlackRock Emerging Markets K  | 624,379          |     |
| * TIAA-CREF  | Manning & Napier High Yield Z   | 222,238          |     |
| * TIAA-CREF  | MFS International Growth CI R6  | 288,821          |     |
| * TIAA-CREF  | Vanguard Short-Trm Bd Idx Adm   | 587,100          |     |
| * VALIC  | Aggressive Growth Lifestyle   | 170,814          |     |
| * VALIC  | Systemic Value  | 261,930          |     |
| * VALIC  | VC I CONSERV GROWTH LIFESTYLE   | 88,451           |     |
| * VALIC  | GS VIT GOV MONEY MKT FD INST  | 162,734          |     |
| * VALIC  | International Value Fund  | 68,694           |     |
| * VALIC  | International Growth Fund   | 93,768           |     |
| * VALIC  | Mid Cap Index Fund  | 132,461          |     |
| * VALIC  | Moderate Growth Lifestyle   | 200,435          |     |
| * VALIC  | Vanguard Long-term Treasury   | 34,998           |     |
| * VALIC  | Small Cap Index Fund  | 77,409           |     |
| * VALIC  | Global Strategy   | 191              |     |
| * VALIC  | Ariel Appreciation Fund   | 383              |     |
| * VALIC  | Nasdaq 100 R Index Fund   | 1,417            |     |
| * VALIC  | Ariel Fund  | 727              |     |
| * VALIC  | Invesco Bal Risk Commod Str R5  | 1,448            |     |
| * VALIC  | Intl Opportunities  | 6,128            |     |
| * VALIC  | High Yield Bond Fund  | 581              |     |
| * VALIC  | Socially Responsible Fund   | 4,774            |     |
| * VALIC  | Intl Socially Responsible Fund  | 2,045            |     |
| * VALIC  | Inflation Protected Fund  | 557              |     |
| * VALIC  | Small Cap Growth Fund   | 9,800            |     |
| * VALIC  | Small Cap Special Value Fund  | 10,259           |     |
| * VALIC  | Small Cap Value Fund  | 10,524           |     |
| * VALIC  | Dividend Value  | 59               |     |
| * VALIC  | Large Capital Growth  | 24,617           |     |
| * VALIC  | Emerging Economies  | 9,219            |     |
| * VALIC  | Core Bond Fund  | 4,259            |     |
| * VALIC  | Mid Cap Value Fund  | 26,287           |     |
| * VALIC  | International Equities Fund   | 18,423           |     |
| * VALIC  | Systematic Growth Fund (formerly Blue chip growth fund)   | 336,572          |     |
| * VALIC  | Science & Technology Fund   | 58,556           |     |
| * VALIC  | Stock Index Fund  | 64,859           |     |

**Meredith College Retirement Plan**  
Schedule of Assets (Held at End of Year)  
Form 5500, Schedule H, Part IV, Line 4i  
EIN: 56-0530242, Plan Number: 003

*December 31, 2024*

| (a)  | (b)               | (c)  | (e)              |
|--|-------------------|--|------------------|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party |                   | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value  | Current<br>Value |
| <b>Registered Investment Company Funds (continued):</b>  |                   |  |                  |
| *  | VALIC             | MID CAP STRATEGIC GWTH   | \$ 4,232         |
| *  | VALIC             | SYSTEMATIC CORE FUND   | 52,992           |
| *  | VALIC             | VC I Capital Appreciation  | 1,377            |
| *  | VALIC             | Global Real Estate Fund  | 28,344           |
| *  | VALIC             | Vanguard Lt Inv Grade Fund   | 5,324            |
| *  | VALIC             | Vanguard Wellington Fund, Inc  | 7,156            |
| *  | VALIC             | Vanguard Windsor II  | 17,372           |
|  |                   |  | 72,241,369       |
| <b>Pooled Separate Accounts:</b>                         |                   |  |                  |
| *  | TIAA-CREF         | TIAA Real Estate   | 2,383,850        |
| <b>Guaranteed Investment Contracts:</b>                  |                   |  |                  |
| *  | TIAA-CREF         | Non-Benefit Responsive (TIAA Trad)   | 13,128,843       |
| *  | TIAA-CREF         | Plan Loan Default Fund   | 61,945           |
| *  | TIAA-CREF         | TIAA Traditional Non Benefit Responsive 2  | 1,722,381        |
| *  | TIAA-CREF         | TIAA Stable Value  | 118,420          |
| *  | TIAA-CREF         | TIAA Traditional Benefit Responsive  | 1,220,725        |
| *  | TIAA-CREF         | TIAA Traditional Benefit Responsive 2  | 2,217,148        |
| *  | VALIC             | Benefit Responsive (Fixed Account Plus)  | 734,342          |
| *  | VALIC             | Fixed Interest Option (GFUA)   | 14,738           |
| *  | VALIC             | Short Term Fixed Account   | 151,576          |
|  |                   |  | 19,370,118       |
| <b>Notes Receivable from Participants:</b>               |                   |  |                  |
| *  | Participant Loans | Loans to participants bearing interest rate ranges from<br>4.25% to 9.50% with maturity through September 2031 | 149,788          |
| <b>Total Assets (Held at End of Year)</b>                |                   |  | \$ 94,145,125    |

An asterisk (\*) in column (a) denotes a party-in-interest to the Plan.

Column (d), cost of investments, is not applicable as all investments are self-directed.

**Meredith College Retirement Plan**  
Schedule of Assets (Held at End of Year)  
Form 5500, Schedule H, Part IV, Line 4i  
EIN: 56-0530242, Plan Number: 003

*December 31, 2024*

| (a)  | (b)   | (c)              | (e) |
|--|---|------------------|-----|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Current<br>Value |     |
| <b>Registered Investment Company Funds:</b>              |   |                  |     |
| * TIAA-CREF  | CREF Stock R2   | \$ 15,188,343    |     |
| * TIAA-CREF  | CREF Money Market R2  | 1,662,800        |     |
| * TIAA-CREF  | CREF Social Choice R2   | 1,595,314        |     |
| * TIAA-CREF  | CREF Global Equities R2   | 2,448,266        |     |
| * TIAA-CREF  | CREF Growth R2  | 4,753,279        |     |
| * TIAA-CREF  | CREF Equity Index R2  | 2,293,517        |     |
| * TIAA-CREF  | CREF Inflation-Linked Bond R2   | 678,937          |     |
| * TIAA-CREF  | CREF Core Bond R2   | 941,767          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2010 R6  | 212,233          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2015 R6  | 387,766          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2020 R6  | 1,848,768        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2025 R6  | 1,665,142        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2030 R6  | 3,881,655        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2035 R6  | 2,826,944        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2040 R6  | 3,965,441        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2045 R6  | 2,832,815        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2050 R6  | 1,235,369        |     |
| * TIAA-CREF  | Nuveen Lifecycle 2055 R6  | 662,689          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2060 R6  | 600,138          |     |
| * TIAA-CREF  | Nuveen Lifecycle 2065 R6  | 140,612          |     |
| * TIAA-CREF  | Nuveen Money Market R6  | 929,309          |     |
| * TIAA-CREF  | PIMCO Commod RealRetStrat Inst  | 7,626            |     |
| * TIAA-CREF  | T. Rowe Price Large-Cap Gr I  | 1,216,325        |     |
| * TIAA-CREF  | Vanguard Equity Income Adm  | 1,663,369        |     |
| * TIAA-CREF  | Vanguard Infl Protect Sec Adm   | 399,992          |     |
| * TIAA-CREF  | Vanguard Small-Cap Idx Adm  | 1,038,040        |     |
| * TIAA-CREF  | Vanguard Ttl Bd Mkt Idx Adm   | 656,949          |     |
| * TIAA-CREF  | Vanguard Mid-Cap Idx Adm  | 811,551          |     |
| * TIAA-CREF  | Nuveen Core Impact Bond R6  | 118,180          |     |
| * TIAA-CREF  | Vanguard Small-Cap Val Idx Adm  | 600,938          |     |
| * TIAA-CREF  | Nuveen Large Cap Resp Eq R6   | 1,335,591        |     |
| * TIAA-CREF  | American Beacon Intrntl Eq R5   | 197,388          |     |
| * TIAA-CREF  | Janus Henderson Enterprise N  | 292,044          |     |
| * TIAA-CREF  | MFS Global Equity Class R6  | 390,378          |     |
| * TIAA-CREF  | PIMCO Intl Bd USDolHed Inst   | 266,457          |     |
| * TIAA-CREF  | Principal Real Estate Sec Inst  | 311,704          |     |
| * TIAA-CREF  | TCW Core Fixed Income Class I   | 276,467          |     |
| * TIAA-CREF  | Vanguard Small-Cap Grw Idx Adm  | 571,750          |     |
| * TIAA-CREF  | Vanguard Developd Mkts Idx Adm  | 1,634,611        |     |

**Meredith College Retirement Plan**  
Schedule of Assets (Held at End of Year)  
Form 5500, Schedule H, Part IV, Line 4i  
EIN: 56-0530242, Plan Number: 003

*December 31, 2024*

| (a)  | (b)   | (c)              | (e) |
|--|---|------------------|-----|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Current<br>Value |     |
| <b>Registered Investment Company Funds (continued):</b>  |   |                  |     |
| * TIAA-CREF  | Vanguard Large-Cap Index Adm  | \$ 5,670,445     |     |
| * TIAA-CREF  | American Cent MdCpVa Fd Cla R6  | 307,746          |     |
| * TIAA-CREF  | BlackRock Emerging Markets K  | 624,379          |     |
| * TIAA-CREF  | Manning & Napier High Yield Z   | 222,238          |     |
| * TIAA-CREF  | MFS International Growth CI R6  | 288,821          |     |
| * TIAA-CREF  | Vanguard Short-Trm Bd Idx Adm   | 587,100          |     |
| * VALIC  | Aggressive Growth Lifestyle   | 170,814          |     |
| * VALIC  | Systemic Value  | 261,930          |     |
| * VALIC  | VC I CONSERV GROWTH LIFESTYLE   | 88,451           |     |
| * VALIC  | GS VIT GOV MONEY MKT FD INST  | 162,734          |     |
| * VALIC  | International Value Fund  | 68,694           |     |
| * VALIC  | International Growth Fund   | 93,768           |     |
| * VALIC  | Mid Cap Index Fund  | 132,461          |     |
| * VALIC  | Moderate Growth Lifestyle   | 200,435          |     |
| * VALIC  | Vanguard Long-term Treasury   | 34,998           |     |
| * VALIC  | Small Cap Index Fund  | 77,409           |     |
| * VALIC  | Global Strategy   | 191              |     |
| * VALIC  | Ariel Appreciation Fund   | 383              |     |
| * VALIC  | Nasdaq 100 R Index Fund   | 1,417            |     |
| * VALIC  | Ariel Fund  | 727              |     |
| * VALIC  | Invesco Bal Risk Commod Str R5  | 1,448            |     |
| * VALIC  | Intl Opportunities  | 6,128            |     |
| * VALIC  | High Yield Bond Fund  | 581              |     |
| * VALIC  | Socially Responsible Fund   | 4,774            |     |
| * VALIC  | Intl Socially Responsible Fund  | 2,045            |     |
| * VALIC  | Inflation Protected Fund  | 557              |     |
| * VALIC  | Small Cap Growth Fund   | 9,800            |     |
| * VALIC  | Small Cap Special Value Fund  | 10,259           |     |
| * VALIC  | Small Cap Value Fund  | 10,524           |     |
| * VALIC  | Dividend Value  | 59               |     |
| * VALIC  | Large Capital Growth  | 24,617           |     |
| * VALIC  | Emerging Economies  | 9,219            |     |
| * VALIC  | Core Bond Fund  | 4,259            |     |
| * VALIC  | Mid Cap Value Fund  | 26,287           |     |
| * VALIC  | International Equities Fund   | 18,423           |     |
| * VALIC  | Systematic Growth Fund (formerly Blue chip growth fund)   | 336,572          |     |
| * VALIC  | Science & Technology Fund   | 58,556           |     |
| * VALIC  | Stock Index Fund  | 64,859           |     |

**Meredith College Retirement Plan**  
Schedule of Assets (Held at End of Year)  
Form 5500, Schedule H, Part IV, Line 4i  
EIN: 56-0530242, Plan Number: 003

*December 31, 2024*

| (a)  | (b)  | (c)              | (e)           |
|--|--|------------------|---------------|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value  | Current<br>Value | Value         |
| <b>Registered Investment Company Funds (continued):</b>  |  |                  |               |
| * VALIC  | MID CAP STRATEGIC GWTH   | \$ 4,232         |               |
| * VALIC  | SYSTEMATIC CORE FUND   | 52,992           |               |
| * VALIC  | VC I Capital Appreciation  | 1,377            |               |
| * VALIC  | Global Real Estate Fund  | 28,344           |               |
| * VALIC  | Vanguard Lt Inv Grade Fund   | 5,324            |               |
| * VALIC  | Vanguard Wellington Fund, Inc  | 7,156            |               |
| * VALIC  | Vanguard Windsor II  | 17,372           |               |
|  |  | 72,241,369       |               |
| <b>Pooled Separate Accounts:</b>                         |  |                  |               |
| * TIAA-CREF  | TIAA Real Estate   | 2,383,850        |               |
| <b>Guaranteed Investment Contracts:</b>                  |  |                  |               |
| * TIAA-CREF  | Non-Benefit Responsive (TIAA Trad)   | 13,128,843       |               |
| * TIAA-CREF  | Plan Loan Default Fund   | 61,945           |               |
| * TIAA-CREF  | TIAA Traditional Non Benefit Responsive 2  | 1,722,381        |               |
| * TIAA-CREF  | TIAA Stable Value  | 118,420          |               |
| * TIAA-CREF  | TIAA Traditional Benefit Responsive  | 1,220,725        |               |
| * TIAA-CREF  | TIAA Traditional Benefit Responsive 2  | 2,217,148        |               |
| * VALIC  | Benefit Responsive (Fixed Account Plus)  | 734,342          |               |
| * VALIC  | Fixed Interest Option (GFUA)   | 14,738           |               |
| * VALIC  | Short Term Fixed Account   | 151,576          |               |
|  |  | 19,370,118       |               |
| <b>Notes Receivable from Participants:</b>               |  |                  |               |
| * Participant Loans                                      | Loans to participants bearing interest rate ranges from<br>4.25% to 9.50% with maturity through September 2031 | 149,788          |               |
| <b>Total Assets (Held at End of Year)</b>                |  |                  | \$ 94,145,125 |

An asterisk (\*) in column (a) denotes a party-in-interest to the Plan.

Column (d), cost of investments, is not applicable as all investments are self-directed.