

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>RYMAN HOSPITALITY PROPERTIES RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RYMAN CORPORATE PROPERTIES, LLC</u></p> <p><u>1 GAYLORD DRIVE</u> <u>NASHVILLE, TN 37214</u></p>	<p><b>1c</b> Effective date of plan <u>12/01/1976</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>87-3486852</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>615-316-6000</u></p> <p><b>2d</b> Business code (see instructions) <u>721110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	CHERYL BRAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with incorrect/unrecognized electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  <b>BENEFITS TRUST COMMITTEE</b>  <b>1 GAYLORD DRIVE</b> <b>NASHVILLE, TN 37214</b>	<b>3b</b> Administrator's EIN <b>73-6092870</b>  <b>3c</b> Administrator's telephone number <b>615-316-6000</b>
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<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1599
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	9
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	8
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	277
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	965
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1250
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	257
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1507
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1C 1I

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

**(4)**  **C** (Service Provider Information)

**(5)**  **D** (DFE/Participating Plan Information)

**(6)**  **G** (Financial Transaction Schedules)

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

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

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

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>RYMAN HOSPITALITY PROPERTIES RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RYMAN CORPORATE PROPERTIES, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>87-3486852</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>52641739</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>55223503</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>298</u>	<u>18265309</u>
	<b>b</b> For terminated vested participants .....	<u>1292</u>	<u>34805230</u>
	<b>c</b> For active participants .....	<u>9</u>	<u>335391</u>
	<b>d</b> Total .....	<u>1599</u>	<u>53405930</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>4.90 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>750000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>750000</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>			
	Signature of actuary	<u>10/14/2025</u>	Date
	<u>CHRISTIAN GOODMAN</u>	<u>23-07322</u>	Most recent enrollment number
	<u>MILLIMAN</u>	<u>214-863-5500</u>	Telephone number (including area code)
	<u>12790 MERIT DRIVE SUITE 800 DALLAS, TX 75251</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>15.02</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.00</u> % .....		
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.68 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.68 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	101.43 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>						
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	750000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	750000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....			
<b>b</b> Waiver amortization installment.....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>		
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>RYMAN HOSPITALITY PROPERTIES RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RYMAN CORPORATE PROPERTIES, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>87-3486852</b>	

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

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

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

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

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

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

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

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

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

MILLIMAN

910675641  
12790 MERIT DRIVE, SUITE 800  
DALLAS, TX 75251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
11 14	NONE	253338	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	25209	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) 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 (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 (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 (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 H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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 <b>RYMAN HOSPITALITY PROPERTIES RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RYMAN CORPORATE PROPERTIES, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>87-3486852</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1066431
<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>	
<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>	
<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>	49890886
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<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>	52641739	50957317
<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>	52641739	50957317

**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>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(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>		0
<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>	37785	
<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>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		37785
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) 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>		
(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>		4364518
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4402303

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5485647	
(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>		5485647
<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>	152473	
(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>	25209	
(7) Actuarial fees .....	<b>2i(7)</b>	100865	
(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>	322531	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		601078
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		6086725

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1684422
<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: **LBMC**

(2) EIN: **62-1199757**

**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		10000000
<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 556178.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>RYMAN HOSPITALITY PROPERTIES RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RYMAN CORPORATE PROPERTIES, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>87-3486852</b>	

<b>Part I</b>	<b>Distributions</b>
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**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..... 

<b>1</b>	
----------	--

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

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

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

<b>3</b>	<b>88</b>
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<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.)
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**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>
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**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: 48.00 % Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 50.00 %  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: 2.00 % Other: \_\_\_\_\_%

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

## Independent Auditors' Report

The Benefits Trust Committee  
Ryman Hospitality Properties Retirement Plan

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

We have performed audits of the financial statements of the Ryman Hospitality Properties Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and the statements of accumulated plan benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits and the statement of changes in accumulated plan 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 the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### *Opinion*

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management has 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

### ***Auditors' Responsibilities for the Audits of the Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

*Other Matter - Supplemental Schedules Required by ERISA*

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024 are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

**In our opinion**

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

*LBM, PC*

Brentwood, Tennessee  
October 9, 2025

**Attachment to 2024 Form 5500**  
**Schedule SB, line 26(b) – Schedule of Projection of Expected Benefit Payments**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	272,820	7,934,315	1,832,904	10,040,039
2025	0	7,053,215	1,793,909	8,847,124
2026	20,519	4,380,381	1,749,211	6,150,111
2027	0	4,054,657	1,691,806	5,746,463
2028	0	4,355,740	1,625,826	5,981,566
2029	18,928	3,445,137	1,568,441	5,032,506
2030	0	2,861,894	1,508,405	4,370,299
2031	0	1,903,660	1,445,027	3,348,687
2032	0	1,455,832	1,378,465	2,834,297
2033	30,301	832,832	1,306,860	2,169,993
2034	0	996,568	1,229,640	2,226,208
2035	0	589,777	1,156,294	1,746,071
2036	0	659,045	1,081,419	1,740,464
2037	10,969	168,483	1,005,523	1,184,975
2038	8,922	189,815	929,147	1,127,884
2039	0	28,463	852,840	881,303
2040	0	50,177	777,190	827,367
2041	0	18,713	702,828	721,541
2042	0	47,095	630,385	677,480
2043	0	8,537	560,489	569,026
2044	0	0	493,745	493,745
2045	0	7,492	430,713	438,205
2046	0	0	371,872	371,872
2047	0	0	317,618	317,618
2048	0	0	268,244	268,244
2049	0	0	223,928	223,928
2050	0	0	184,728	184,728
2051	0	0	150,573	150,573
2052	0	0	121,274	121,274
2053	0	0	96,537	96,537
2054	0	0	75,982	75,982
2055	0	0	59,173	59,173
2056	0	0	45,643	45,643
2057	0	0	34,917	34,917
2058	0	0	26,536	26,536
2059	0	0	20,075	20,075
2060	0	0	15,154	15,154
2061	0	0	11,441	11,441
2062	0	0	8,661	8,661
2063	0	0	6,583	6,583
2064	0	0	5,029	5,029
2065	0	0	3,860	3,860
2066	0	0	2,973	2,973

**Attachment to 2021 Form 5500**  
**Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
PN: 001

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2067	0	0	2,293	2,293
2068	0	0	1,766	1,766
2069	0	0	1,353	1,353
2070	0	0	1,029	1,029
2071	0	0	775	775
2072	0	0	575	575
2073	0	0	421	421

**Attachment to 2024 Form 5500  
Schedule SB, line 26 – Schedule of Active Participant Data**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
PN: 001

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
<b>0–24</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>25–29</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>30–34</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>35–39</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>40–44</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>45–49</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>50–54</b>	-	-	-	-	-	-	2	-	-	-	-	2
<b>55–59</b>	-	-	-	-	-	-	2	1	-	-	-	3
<b>60–64</b>	-	-	-	-	-	-	-	1	-	-	-	1
<b>65–69</b>	-	-	-	-	-	-	-	-	-	3	-	3
<b>70+</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	4	2	-	3	-	9

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
PN: 001

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## **Appendix C – Summary of Principal Plan Provisions**

This summary of plan provisions is intended to only describe the essential features of the plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

### **Definitions**

#### **Account Balance**

A Participant's Account Balance is equal to his Initial Account Balance increased to reflect Contribution Credits and Interest Credits.

#### **Accrued Benefit**

Accrued Benefit means the Participant's Account Balance. For a Grandfathered Participant, the Account Balance as of a given date shall not be less than the lump-sum value as of that given date, using Prior Plan Actuarial Equivalent factors, of the benefit resulting from the application of the Grandfathered Formula.

#### **Actuarial Equivalent**

A form of benefit differing in time, period, and/or manner of payment from another form of benefit but having the same value when computed based upon the following assumptions:

- Interest: The rate of interest on 30-year Treasury securities for the month of November preceding the first day of the year of distribution or such other time as the Secretary of the Treasury may by regulations prescribe.
- Mortality: The table based on the mortality rates specified in Revenue Ruling 95-6 or such other table as the Secretary of the Treasury may later prescribe.

#### **Cash Balance Effective Date**

The Cash Balance Effective Date is January 1, 2001.

#### **Compensation**

Except where otherwise specifically provided in this Plan, Compensation means a Participant's wages, salaries, fees, and other amounts received for personal services actually rendered in the course of employment with the Employer or a Participating Employer (including, but not limited to, commissions paid to salesmen, compensation for services on the basis of a percentage of profits, commissions on insurance premiums, tips and bonuses), and excluding the following:

- severance pay;
- distributions from any plan of deferred compensation;
- employer contributions under a simplified employee pension plan to the extent the contributions are deductible by the employee;
- amounts realized from the exercise of a nonqualified stock option, or when restricted stock (or property) held by the employee either becomes freely transferable or is no longer subject to a substantial risk of forfeiture;
- amounts realized from the sale, exchange or other disposition of stock acquired under a qualified stock option; and
- other amounts which received special tax benefits.

**Attachment to 2024 Form 5500  
Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

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Compensation also includes any amounts contributed by the Employer or any Participating Employer on behalf of any Employee to a nonqualified plan of deferred compensation or which are not includable in the gross income of the Employee due to Code Section 125, 402(e)(3), or 402(h).

Notwithstanding the foregoing, for all purposes under this Plan, Compensation in excess of the Statutory Compensation Limit will be disregarded.

**Contribution Credit**

As of each Contribution Valuation Date, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant's Compensation for the calendar month within which the Contribution Valuation Date falls by the Contribution Credit Rate.

**Contribution Credit Rate**

The Contribution Credit Rate is equal to three percent (3%). Effective January 1, 2002, the Contribution Credit Rate is equal to zero percent (0%).

**Contribution Valuation Date**

The Contribution Valuation Date means, unless otherwise specified, the last day of each calendar month.

**Effective Date**

The Effective Date of the Plan is December 1, 1947.

**Eligible Employee Classification**

An Eligible Employee Classification is a classification of Employees, the members of which are eligible to participate in the Plan. The Plan covers all employee classifications except Leased Employees, on-call employees, casual employees, nonresident non-U.S. citizens, individuals classified in the records of the Employer as independent contractors (regardless of whether they are later determined by the Internal Revenue Service or a federal or state court to be employees), and individuals covered by a collective bargaining agreement (unless the agreement provides for participation in this Plan).

**Entry Date**

Entry Date means the January 1st, April 1st, July 1st or October 1st which coincides with or next follows the date upon which the eligibility requirements are met.

**Fiscal Year**

Fiscal Year means the taxable year of the Plan Sponsor. The Fiscal Year of the Plan Sponsor is the 12-month period beginning January 1 and ending December 31.

**Grandfathered Formula**

A single payment payable on the Participant's Normal Retirement Date equal to:

8.4% of Average Annual Compensation multiplied by Years of Benefit Service

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
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plus

6.4% of Excess Average Annual Compensation multiplied by Years of Benefit Service

The minimum pension benefit payable to any Participant is \$1,200 multiplied by his Years of Benefit Service.

The Grandfathered Formula is based on the terms set forth in the Prior Plan.

The Grandfathered Formula benefit is frozen effective December 31, 2001.

**Grandfathered Participant**

Grandfathered Participant means a Participant who was an Active Participant in the Plan prior to January 1, 2001 and remains in continuous employment until his or her Date of Severance.

**Initial Account Balance**

The lump-sum amount calculated as of the Cash Balance Effective Date that is the Actuarial Equivalent of the Prior Accrued Benefit.

**Interest Credit**

As of each Contribution Valuation Date, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant's Account Balance (prior to any Contribution Credits) by one-twelfth (1/12) of the Interest Credit Rate.

**Interest Credit Rate**

The variable rate of interest equal to the lesser of (a) the constant maturities yield for 1-year U.S. Treasury Bills as reported in the Federal Reserve Bulletin, for the month preceding the Contribution Valuation Date, and (b) the interest rate on 30-year Treasury securities as specified by the Commissioner of the Internal Revenue Service, for the month preceding the Contribution Valuation Date.

**Limitation Year**

The Limitation Year is the 12-month period beginning January 1 and ending December 31.

**Normal Retirement Age**

A Participant's Normal Retirement Age is age 65.

**Normal Retirement Date**

A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

**One Year Break-in-Service**

One Year Break-in-Service means any 365-day period following an Employee's Date of Severance in which the Employee does not have at least one Hour of Service.

**Attachment to 2024 Form 5500  
Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

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**Plan Sponsor**

The Plan Sponsor is Ryman Corporate Properties, LLC.

**Plan Year**

The Plan Year is the 12-month period beginning January 1 and ending December 31.

**Prior Accrued Benefit**

A single payment payable on the Participant's Normal Retirement Date equal to his Accrued Benefit as of the Cash Balance Effective Date, determined according to the provisions of the Prior Plan.

**Prior Plan**

Prior Plan means the Retirement Plan for Employees of Gaylord Entertainment Company, as in effect prior to the Cash Balance Effective Date.

**Trustee**

The Trustee is US Bank or any successor Trustee.

**Vesting Schedule**

Participant's vested Accrued Benefit as of a given date will be equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

A Participant's Vested Percentage will be 100% upon the completion of 5 Years of Vesting Service. Prior to the completion of 5 Years of Vesting Service, a Participant's Vested Percentage is zero.

Notwithstanding the preceding, an Active Participant will be 100% vested upon reaching the earlier of (a) his Normal Retirement Age or (b) the later of the date upon which the Participant attains age 65 or reaches the 5th anniversary of the date he commenced participation in the Plan.

**Years of Benefit Service**

Years of Benefit Service are based upon an Employee's Elapsed Time of employment irrespective of the number of hours actually worked during such period; a Year of Benefit Service (including a fraction thereof) will be credited for each completed 365 days of Elapsed Time which need not be consecutive. The following terms are used in determining Years of Benefit Service:

- Date of Severance (Termination) – means the earlier of (A) the actual date an Employee resigns, is discharged, dies or retires, or (B) the first anniversary of the date an Employee is absent from work (with or without pay) for any other reason, e.g., disability, vacation, leave of absence, layoff, etc.
- Elapsed Time – means the total period of service which has elapsed between a Participant's Employment Commencement Date and Date of Termination.
- Employment Commencement Date – means the date an Employee first performs one Hour of Service for the Employer.

All periods of employment will be aggregated in determining Years of Benefit Service except:

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
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- Service while the Employee declined participation in this Plan or a predecessor plan.
- Service while the Employee was not in an Eligible Employee Classification.
- Service while the Employee was an employee of an Affiliated Company which is not an Employer under this Plan.
- Service for which the Employee was not entitled to receive Compensation.
- Service after December 31, 2001.

**Years of Eligibility Service**

An Employee will be credited with one Year of Eligibility Service for each Eligibility Computation Period in which he is credited with 1,000 or more Hours of Service. Eligibility Computation Period means the Plan Year, except that the initial Eligibility Computation Period for each Employee will be the one-year period commencing on his Employment Commencement Date.

Service with any Affiliated Company will be included in determining Years of Eligibility Service.

**Years of Vesting Service**

An Employee will be credited with one Year of Vesting Service for each Plan Year in which he is credited with 1,000 or more Hours of Service.

Service with any Affiliated Company will be included in determining Years of Vesting Service.

**Participation**

An Employee who is a member of an Eligible Employee Classification will become a participant in the Plan on the Entry Date which coincides with or next follows the attainment of age 21 and the completion of one Year of Eligibility Service.

No employee will become a participant in the Plan after December 31, 2001.

**Normal Retirement**

Each Participant who becomes eligible for a Normal Retirement Benefit under the plan will be entitled to receive a single, lump-sum payment equal to the Participant's Accrued Benefit.

**Early Retirement**

**Early Retirement Date**

A Participant's Early Retirement Date is the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

- Attainment of age 55; and
- Completion of 15 Years of Benefit Service.

**Early Retirement Benefit**

A Participant's Early Retirement Benefit is a single, lump-sum payment equal to the Participant's Accrued Benefit.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
PN: 001

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**Late Retirement**

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit to which he is entitled as of his Late Retirement Date.

**Late Retirement Date**

A Participant's Late Retirement Date is the earlier of:

- The date the Participant retires or resumes retirement; or
- The Participant's Required Beginning Date.

**Late Retirement Benefit**

A Participant's Late Retirement Benefit is a single, lump-sum payment equal to the Participant's Accrued Benefit.

**Optional Benefit Forms**

Optional Benefit Forms are available and equal to the Actuarial Equivalent of the Normal Form of Benefit Payment and may be in an amount more than or less than that provided by the Normal Form of Benefit Payment depending on the option selected. Such distribution may be in one or more of the following forms:

- Join & 50% Contingent Survivor Pension - monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 50% of the original amount upon the death of the Participant.
- Join & 100% Contingent Survivor Pension - monthly pension benefit payable for as long as either the Participant or the Joint Annuitant is alive.
- Lifetime Pension, 10 Years Certain - monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum of 10 years.
- Lifetime Pension – a monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.

The Normal Form of Benefit Payment is a lump-sum.

**Pre-Retirement Death Benefit**

A Participant's Beneficiary will be entitled to receive a death benefit if the Participant dies prior to the commencement of a monthly pension benefit but following the Participant's completion of 5 Years of Vesting Service.

In the event of the death of a Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to the greater of (1) a Qualified Survivor Annuity or (2) an amount which is payable in the same form as a Qualified Survivor Annuity and which is based upon the Actuarial Equivalent of the death benefit payable to a Beneficiary other than a Surviving Spouse.

**Termination Benefit**

In the event of the termination of a Participant's employment for any reason other than death or retirement, the Participant will become entitled to receive his vested Accrued Benefit commencing on his Normal Retirement Date.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
PN: 001

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## **Appendix A – Summary of Actuarial Methods**

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

### **Actuarial Cost Method**

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

### **Asset Valuation Method**

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.00% per year) or the applicable statutory interest rate for the year.

### **Changes in Actuarial Methods Since Prior Valuation**

None.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
PN: 001

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## Appendix B – Summary of Actuarial Assumptions

### ECONOMIC ASSUMPTIONS

#### Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	3.62%	3.62%
Segment 2 (5–20 years)	4.87%	4.46%	4.46%
Segment 3 (20+ years)	5.59%	4.52%	4.52%
Effective Interest Rate	4.90%	4.27%	4.27%

**ERISA minimum funding:** 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

**Maximum Deductible Contribution:** 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

**PBGC premium:** 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization. The alternative method is used for the PBGC variable rate premium calculation (effective January 1, 2020).

**FASB ASC Topic 960:** 6.00% per year. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including assumed inflation. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

**Cash Balance Interest Crediting Rate:** 5.00% per year.

#### Administrative Expenses

An allowance of \$750,000 for administrative expenses has been included in the Target Normal Cost, reflecting the average administrative expenses paid from the Plan's trust during the previous fifteen years.

### DEMOGRAPHIC ASSUMPTIONS

#### Mortality

**ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:** Statutory static tables for 2024 based on Pri-2012 Total Dataset Mortality Table projected with Adjusted Mortality Improvement Scale MP-2021, with separate rates for non-annuitants and annuitants.

**FASB ASC Topic 960:** Pri-2012 Total Dataset Mortality Table projected with Mortality Improvement Scale MP-2021, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement (adopted

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
PN: 001

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December 31, 2021). As a generational table, it reflects mortality improvements both before and after the measurement date.

### **Retirement**

Participants are assumed to retire at their Normal Retirement Age.

### **Termination**

Table T-11 from the Actuary's Pension Handbook

### **Decrement Timing**

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

### **Form of Payment**

100% of those eligible for a lump sum will elect a lump sum.

### **Marital Characteristics**

**For participants not in pay status:** 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

**For participants in pay status:** Actual birth dates of spouses are included in the census data, where relevant.

### **Benefits Not Valued**

None.

### **Special Data Adjustments**

None.

### **Weighted Average Retirement Age**

The weighted average retirement age for active participants is 65.

## **CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION**

**Interest rates for ERISA minimum funding:** Effective January 1, 2024, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.

**Interest rates for Maximum Deductible Contribution:** Effective January 1, 2024, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name:** Ryman Hospitality Properties Retirement Plan  
**Plan Sponsor:** Ryman Corporate Properties, LLC

EIN: 87-3486852  
PN: 001

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**Interest rates for PBGC purposes:** Effective January 1, 2024, the interest rates were updated to comply with PBGC requirements.

**Mortality for ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:** Effective January 1, 2024, the mortality assumption was updated to comply with IRS and PBGC requirements.

**Administrative Expenses:** Effective January 1, 2024, the administrative expense load was updated to reflect actual administrative expenses paid from the Plan's trust during the previous year.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**


▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Ryman Hospitality Properties Retirement Plan	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ryman Corporate Properties, LLC	<b>D</b> Employer Identification Number (EIN) 87-3486852	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
<b>2</b> Assets:			
a Market value .....	<b>2a</b>	52,641,739	
b Actuarial value .....	<b>2b</b>	55,223,503	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment .....	298	18,265,309	18,265,309
b For terminated vested participants .....	1,292	34,805,230	35,177,223
c For active participants .....	9	335,391	336,692
d Total .....	1,599	53,405,930	53,779,224
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions .....			<b>4a</b>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....			<b>4b</b>
<b>5</b> Effective interest rate .....			<b>5</b> 4.90 %
<b>6</b> Target normal cost .....			
a Present value of current plan year accruals .....			<b>6a</b> 0
b Expected plan-related expenses .....			<b>6b</b> 750,000
c Target normal cost .....			<b>6c</b> 750,000

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		<u>10-14-25</u>
	Signature of actuary	Date
	Christian Goodman	23-07322
	Type or print name of actuary	Most recent enrollment number
	Milliman	(214) 863-5500
	Firm name	Telephone number (including area code)
	12790 Merit Drive Suite 800 Dallas TX 75251	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024  
v. 240311

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>15.02</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.00</u> % .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.68%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.68%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	101.43%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
				0	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>
b Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>
<b>20</b> Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. .... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28**

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29**

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c) ..... **31a** 750,000

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 750,000

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		
<b>b</b> Waiver amortization installment .....		

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b>

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b**

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

**RYMAN HOSPITALITY PROPERTIES  
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, at fair value:</b>		
<b>Money market fund</b>	\$ 1,066,431	\$ 1,013,237
<b>Mutual funds</b>	<u>49,890,886</u>	<u>51,628,502</u>
<b>Net assets available for benefits</b>	<u>\$ 50,957,317</u>	<u>\$ 52,641,739</u>

See accompanying notes to the financial statements.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Statement of Changes in Net Assets Available for Benefits**

**Year Ended December 31, 2024**

**Additions to net assets attributed to:**

**Net change resulting from investment activity:**

<b>Net appreciation in fair value of investments</b>	<b>\$ 2,757,816</b>
<b>Interest and dividend income</b>	<b><u>1,642,739</u></b>

<b>Net change resulting from investment activity</b>	<b><u>4,400,555</u></b>
--	-------------------------

**Deductions from net assets attributed to:**

<b>Benefits paid</b>	<b>5,485,647</b>
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<b>Administrative expenses</b>	<b><u>599,330</u></b>
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<b>Total deductions</b>	<b><u>6,084,977</u></b>
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<b>Net decrease</b>	<b>(1,684,422)</b>
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<b>Net assets available for benefits at beginning of year</b>	<b><u>52,641,739</u></b>
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<b>Net assets available for benefits at end of year</b>	<b><u>\$ 50,957,317</u></b>
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See accompanying notes to the financial statements.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Statements of Accumulated Plan Benefits**

**December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Actuarial present value of accumulated plan benefits:</b>		
<b>Vested benefits:</b>		
Participants currently receiving payments	\$ 22,305,911	\$ 21,509,956
Other participants	<u>27,778,929</u>	<u>31,042,996</u>
<b>Total vested benefits</b>	<b>50,084,840</b>	<b>52,552,952</b>
<b>Nonvested benefits</b>	<u>922</u>	<u>988</u>
<b>Total actuarial present value of accumulated plan benefits</b>	<b><u>\$ 50,085,762</u></b>	<b><u>\$ 52,553,940</u></b>

See accompanying notes to the financial statements.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Statement of Changes in Accumulated Plan Benefits**

**Year Ended December 31, 2024**

Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>52,553,940</u>
Increase (decrease) during the year attributable to:	
Actuarial loss	26,405
Benefits paid	(5,485,647)
Reduction in discount period	<u>2,991,064</u>
Net decrease	<u>(2,468,178)</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u>50,085,762</u>

See accompanying notes to the financial statements.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Notes to the Financial Statements**

**December 31, 2024 and 2023**

**(1) Description of plan**

The following description of the Ryman Hospitality Properties Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**(a) General**

The Plan was adopted on December 1, 1947 to provide retirement benefits for employees of Ryman Corporate Properties, LLC (the "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was last restated effective January 1, 2024. The Plan is a noncontributory cash balance defined benefit plan and is intended to conform to and qualify under Sections 401 and 501 of the Internal Revenue Code of 1986 ("IRC"), as amended.

The Plan was frozen effective December 31, 2001. As such, the cash balance to which eligible participants were entitled as of that date will be available to participants upon normal or early retirement, as defined by the Plan agreement. Participants continue to earn vesting service and the cash balances continue to be credited each month with interest at a rate which is based upon the U.S. Treasury rate. As described in the Note 1(d) below, the Plan Sponsor continues to make contributions to the Plan based on actuarial calculations.

**(b) Administration**

The Benefits Trust Committee of the Plan Sponsor is responsible for the administration and operation of the Plan and has engaged a number of investment advisors to direct the investment of the assets of the Plan. Milliman, Inc. provides administrative and actuarial services to the Plan. The trustee of the Plan is U.S. Bank National Association.

**(c) Eligibility**

Substantially all employees of the Plan Sponsor who attained 21 years of age and completed 1,000 hours of service prior to December 31, 2001 were eligible to participate in the Plan. The following classes of employees were excluded from participation in the Plan: (1) leased employees, (2) on-call employees, (3) casual employees, (4) nonresident, non-United States citizens, (5) individuals classified as independent contractors, and (6) certain individuals covered by a collective bargaining agreement.

Effective December 31, 2001, no additional employees were allowed to participate in the Plan.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Notes to the Financial Statements**

**December 31, 2024 and 2023**

**(d) Contributions**

The Plan is funded exclusively by contributions from the Plan Sponsor. Participants are not permitted to make contributions to the Plan. It is the intent of the management of the Plan Sponsor to fund, based on actuarial estimates, normal cost plus interest on the unfunded liability, if any, and such other amounts as are necessary to maintain the Plan on a sound actuarial basis by contributing such amounts annually before the due date of the Plan Sponsor's federal income tax return. The minimum funding requirements under ERISA have been met as of December 31, 2024 and 2023.

**(e) Vesting**

Participants vest in their normal retirement benefits upon the earlier of attaining age 65 or the completion of five years of service, as defined in the Plan agreement.

**(f) Pension benefits**

Participants retiring at the normal age of 65 are entitled to full benefits as calculated under the normal retirement benefit formula provisions of the Plan. Participants desiring early retirement benefits become eligible to receive those benefits upon attaining age 55 and completing fifteen years of service. Each participant's account is credited monthly for a return that is based upon United States Treasury rates. Upon retirement, participants are entitled to receive their cash balance benefit as a lump-sum payment or other optional method of payment, as described below. Current employees who were active participants prior to January 1, 2001 ("Grandfathered Participants"), upon retirement, are entitled to the greater of (1) benefits as calculated based on the cash balance formula or (2) benefits based on the traditional Plan format, calculated using the participant's pay and service as of December 31, 2001. The minimum benefit for Grandfathered Participants is \$1,200 multiplied by the number of years of benefit service, as defined by the Plan agreement. Participants retiring between ages 55 and 65 are entitled to reduced benefits, calculated as a percentage of the normal retirement benefit as defined by the Plan agreement.

Participants whose monthly pension benefits commenced prior to January 1, 1992 may be eligible for an annual cost of living adjustment to increase their benefits up to a maximum of two percent annually. Participants whose monthly pension benefits commenced on or after January 1, 1992 are not eligible for the annual cost of living adjustment except to the extent that such factors are included in the calculation of the Actuarial Equivalent Value, as defined in the Plan agreement. Employees who were participants in a predecessor retirement plan of the Plan Sponsor may be entitled to certain minimum benefits under the carried-forward provisions of a predecessor plan.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Notes to the Financial Statements**

**December 31, 2024 and 2023**

Participants have the following options for receiving benefit payments: (1) lump-sum payment, (2) straight-life or life-only annuity, (3) ten-year life certain annuity, (4) fifty percent joint and survivor annuity, (5) seventy-five percent joint and survivor annuity, or (6) one-hundred percent joint and survivor annuity. Participants with a vested accrued benefit of \$5,000 or less at the time of retirement receive benefits in the form of a lump-sum payment.

**(g) Death benefits**

Upon the death of a participant prior to the time benefit payments commence, the participant's eligible spouse, if any, is eligible to receive a qualified pre-retirement survivor annuity or its equivalent. Such benefits are payable to the surviving spouse in monthly installments over the lifetime of the surviving spouse. Alternatively, the surviving spouse may elect to receive a death benefit equal to the present value of the participant's vested account balance.

**(h) Administrative expenses**

Substantially all administrative expenses of the Plan are paid by the Plan.

**(i) Plan termination**

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan is terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. If Plan assets are not sufficient to provide for the benefits due to participants, benefits will be proportionately reduced.

Any residual assets shall be distributed to the Plan Sponsor if all liabilities under the Plan to participants, their surviving spouses and other beneficiaries have been satisfied.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Notes to the Financial Statements**

**December 31, 2024 and 2023**

**(2) Summary of significant accounting policies**

**(a) Basis of accounting**

The financial statements of the Plan are prepared under the accrual method of accounting.

**(b) Investment valuation and income recognition**

The Plan's investments are valued at fair 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's management determines the Plan's valuation policies utilizing information provided by the investment advisers and U.S. Bank National Association. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is 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.

**(c) Plan Sponsor contribution**

Contributions are recorded in the year the Plan becomes entitled to receive them.

**(d) Payment of benefits**

Benefit payments are recorded when paid.

**(e) Accumulated plan benefits**

Accumulated plan benefits are future periodic payments that are attributable to service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The Plan's benefits are based on the greater of each participant's benefit calculated on the cash balance formula or the benefit based on the participant's pay and service as of December 31, 2001. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant service rendered as of the valuation date.

**RYMAN HOSPITALITY PROPERTIES  
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**Notes to the Financial Statements**

**December 31, 2024 and 2023**

The actuarial present value of accumulated plan benefits is determined by consulting actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023, there would be no material differences.

Actuarially estimated plan costs are computed using the unit credit method.

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 were (a) life expectancy of participants (the Pri-2012 Total Dataset Mortality table projected with Mortality Improvement Scale MP-2021 for 2024 and 2023), (b) retirement age (the assumed retirement age was 65), (c) assumed rate of return (a rate of 6.00% for 2024 and 2023), and (d) cash balance interest crediting rate of 5.00% for 2024 and 2023. Certain actuarial assumptions change periodically in order to reflect the actuary's best estimate of future experience.

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different assumptions might be applicable in determining the actuarial present value of accumulated plan benefits.

**(f) Use of estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**(g) Events occurring after the reporting date**

The Plan has evaluated events and transactions that occurred between December 31, 2024 and October 9, 2025, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Notes to the Financial Statements**

**December 31, 2024 and 2023**

**(3) Certified information**

Information related to investments reported and disclosed in the accompanying financial statements and supplemental schedules, including the fair value of investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividend income for the year ended December 31, 2024, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by U.S. Bank National Association.

**(4) Fair value measurements**

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the FASB ASC 820 are described below:

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

**Level 2 - Inputs to the valuation methodology include:**

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The Plan's money market and mutual funds are considered Level 1 assets.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Notes to the Financial Statements**

**December 31, 2024 and 2023**

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

- (i) *Money market and mutual funds:* Valued at the net asset value of shares held by the Plan at year end in an active market.

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

**(5) Income tax status**

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") on December 17, 2015, in which the IRS stated that the Plan was in compliance with the applicable requirements of the IRC. The plan has been amended since receiving the determination letter; however, management does not believe that the changes affected the taxing status of the Plan. The Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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

**(6) Related party and party-in-interest transactions**

As described in Note 1, the Plan paid expenses to various service providers. Also, certain Plan investments consisting of money market funds are managed by a related party to U.S. Bank National Association. These transactions qualify as party-in-interest transactions under ERISA.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**Notes to the Financial Statements**

**December 31, 2024 and 2023**

**(7) Risks and uncertainties**

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

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

**RYMAN HOSPITALITY PROPERTIES  
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**EIN #87-3486852, PLAN No. 001  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<b>Money market fund:</b>			
*	First American	Prime Obligation Fund Class I	\$ <u>1,066,431</u>	\$ <u>1,066,431</u>
	<b>Mutual funds:</b>			
	Virtus	NFJ Mid-Cap Value R6	1,859,299	2,157,974
	American Funds	Euro Pacific Growth Fund R6	6,467,122	6,669,499
	American Funds	Growth Fund of America R6	4,203,475	6,639,748
	Baron	Asset Fund Institutional	1,699,578	2,339,582
	Dodge & Cox	Stock Fund I	4,561,707	6,727,729
	Loomis Sayles	Institutional Income Fund	2,941,814	2,611,601
	Loomis Sayles	Bond Fund Institutional	9,961,753	8,381,459
	Pimco Fund	Total Return Fund Institutional	9,587,608	7,934,012
	Principal	High Yield Fund Class R6	2,813,024	2,679,818
	Wasatch Hoisington	US Treasury Fund	<u>6,479,999</u>	<u>3,749,464</u>
		Total mutual funds	<u>50,575,379</u>	<u>49,890,886</u>
		Total	<u>\$ 51,641,810</u>	<u>\$ 50,957,317</u>

\* Represents a party-in-interest.

The above data is based upon information which has been certified as complete and accurate by U.S. Bank National Association.

**RYMAN HOSPITALITY PROPERTIES  
RETIREMENT PLAN**

**EIN #87-3486852, PLAN No. 001  
Schedule H, Line 4j - Schedule of Reportable Transactions**

**Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<b>A) <u>Single Transactions Reportable</u></b>								
None reportable								
<b>B) <u>Series of Nonsecurity Transactions</u></b>								
None reportable								
<b>C) <u>Aggregate Transactions in One Issue of Securities</u></b>								
Dodge & Cox	Dodge & Cox Stock Fund (4 purchases)	\$ 569,581	\$ -	\$ -	\$ -	\$ 569,581	\$ 569,581	\$ -
Dodge & Cox	Dodge & Cox Stock Fund (7 sales)	\$ -	\$ 2,075,000	\$ -	\$ -	\$ 1,320,082	\$ 2,075,000	\$ 754,918
American Funds	Growth Fund of America (1 purchase)	\$ 564,581	\$ -	\$ -	\$ -	\$ 564,581	\$ 564,581	\$ -
American Funds	Growth Fund of America (9 sales)	\$ -	\$ 2,860,000	\$ -	\$ -	\$ 1,694,820	\$ 2,860,000	\$ 1,165,180
* First American	Prime Obligation Fund Class I (63 purchases)	\$ 6,034,320	\$ -	\$ -	\$ -	\$ 6,034,320	\$ 6,034,320	\$ -
* First American	Prime Obligation Fund Class I (36 sales)	\$ -	\$ 5,981,511	\$ -	\$ -	\$ 5,981,352	\$ 5,981,511	\$ 159
<b>D) <u>Other Transactions Involving Securities or Parties Involved in Single Transactions Reportable</u></b>								
None reportable								

\* Represents a party-in-interest.

The above data is based upon information which has been certified as complete and accurate by U.S. Bank National Association.