

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1968
2a Plan sponsor's name, mailing address, city, state, and ZIP: COLLEGE FOUNDATION, INC., 2917 HIGHWOODS BLVD, RALEIGH, NC 27604
2b Employer Identification Number (EIN): 56-6046937
2c Plan Sponsor's telephone number: 919-834-2893
2d Business code (see instructions): 611000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	293
<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>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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>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>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	141
	<b>6a(2)</b>	144
	<b>6b</b>	0
	<b>6c</b>	146
	<b>6d</b>	290
	<b>6e</b>	2
	<b>6f</b>	292
	<b>6g(1)</b>	282
<b>6g(2)</b>	278	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION 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>COLLEGE FOUNDATION, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>56-6046937</b>

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

**1** Coverage Information:

**(a)** Name of insurance carrier

**TIAA-CREF**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1624203</b>	<b>69345</b>	<b>500307</b>	<b>214</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	8016784
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	18092368
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 8710125
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b> 134429
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 356451
	(4) Transferred from separate account .....	<b>7c(4)</b> 336412
	(5) Other (specify below)..... ▶ PLAN SERVICING CREDIT, PARTICIPANT LOANS ISSUED, LOAN INTEREST & LOAN PRINCIPAL REPAYMENT	<b>7c(5)</b> 21738
	(6) Total additions .....	<b>7c(6)</b> 849030
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 9559155
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 1200595
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b> 323920
	(4) Other (specify below)..... ▶ FEES	<b>7e(4)</b> 17856
(5) Total deductions .....	<b>7e(5)</b> 1542371	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 8016784

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <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 **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION 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>COLLEGE FOUNDATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>56-6046937</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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**(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)

COLLEGE FOUNDATION

56-6046937

(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?
14	PLAN ADMIN	17850	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)

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(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?
64 65	RECORDKEEPER	1625	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(b) 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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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 07/01/2024 and ending 06/30/2025

<b>A</b> Name of plan <u>COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COLLEGE FOUNDATION, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-6046937</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
<b>c</b> EIN-PN <u>13-1624203-004</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1237947</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <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>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION 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>COLLEGE FOUNDATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>56-6046937</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>	
<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>	121985
<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>	1210034
<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>	26655862
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	8710125
<b>(15)</b> Other.....	<b>1c(15)</b>	145693
		1237947
		28889599
		8016784

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	36698006	38290023
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	36698006	38290023

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	497571	
(B) Participants.....	2a(1)(B)	990617	
(C) Others (including rollovers).....	2a(1)(C)	4572	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1492760
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	11980	
(F) Other.....	2b(1)(F)	356451	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		368431
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	431136	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		431136
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		24609
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		2786959
<b>c</b> Other income .....	2c		17613
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		5121508

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2955012	
(2) To insurance carriers for the provision of benefits .....	2e(2)	493632	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		3448644
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		62422
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	18425	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		18425
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		3529491

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		1592017
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**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: **DEAN DORTON ALLEN FORD, PLLC**

(2) EIN: **27-3858252**

**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		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

<b>SCHEDULE R</b> <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 07/01/2024 and ending 06/30/2025

<b>A</b> Name of plan <u>COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION 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 <u>COLLEGE FOUNDATION, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-6046937</u>	

<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..... 

1		0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 82-2826183

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

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

3	
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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.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 17 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J600957A.



Financial Statements and Supplemental Schedule for

**COLLEGE FOUNDATION, INC.**  
**DEFINED CONTRIBUTION RETIREMENT PLAN**

As of June 30, 2025 and 2024 and  
for the Year Ended June 30, 2025  
with Independent Auditor's Report

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## **Independent Auditor's Report**

To the Plan Administrator of  
College Foundation, Inc. Defined Contribution Retirement Plan  
Raleigh, North Carolina

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

We were engaged to perform audits of the financial statements of College Foundation, Inc. Defined Contribution Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended June 30, 2025, 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 a certification from a qualified institution as of and for the years ended June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Disclaimer of Opinion**

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

### **Basis for Disclaimer of Opinion**

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

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

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

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

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

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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

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

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

*Dean Dotson Allen Ford, PLLC*

Raleigh, North Carolina  
February 19, 2026

# COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

## Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

<b>Assets</b>	<b><u>2025</u></b>	<b><u>2024</u></b>
Investments, at fair value:		
Mutual funds	<b>\$ 28,889,599</b>	\$ 26,655,862
Pooled separate account	<b>1,237,947</b>	1,210,034
Non benefit responsive insurance contracts	<b><u>7,743,090</u></b>	<u>7,938,905</u>
Total investments, at fair value	<b>37,870,636</b>	35,804,801
Investment, at contract value:		
Fully benefit responsive insurance contract	<b>273,694</b>	771,220
Notes receivable from participants	<b><u>145,693</u></b>	<u>121,985</u>
Net assets available for benefits	<b><u>\$ 38,290,023</u></b>	<u>\$ 36,698,006</u>

*See accompanying notes.*

## COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

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

Year ended June 30, 2025

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 2,811,568
Interest	356,451
Dividends	<u>431,136</u>

Total investment income 3,599,155

Interest on notes receivable from participants 11,980

Contributions:

Employer	497,571
Participants	990,617
Rollovers	<u>4,572</u>

Total contributions 1,492,760

Other income:

Plan servicing credit	<u>17,613</u>
-----------------------	---------------

Total additions 5,121,508

Deductions from net assets attributed to:

Benefits paid to participants	3,511,066
Fees	<u>18,425</u>

Total deductions 3,529,491

Net increase 1,592,017

Net assets available for benefits:

Beginning of year 36,698,006

End of year \$ 38,290,023

See accompanying notes.

# COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

## Notes to the Financial Statements

### 1. Description of the Plan

The following description of the College Foundation, Inc. Defined Contribution Retirement Plan (the Plan) provides general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions.

#### General

The Plan is a defined contribution plan under Internal Revenue Code (IRC) Section 403(b) covering all employees of College Foundation, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor is College Foundation, Inc. (the Foundation), and the trustee of the Plan is Teachers Insurance and Annuity Association of America (TIAA-CREF). TIAA-CREF also provides third party record keeping services.

The Plan covers substantially all employees of the Foundation. Employees of the Foundation are eligible to make elective deferrals thirty days from the date of hire.

#### Participant Contributions

Participants may make elective deferrals of their pre-tax or after-tax annual compensation (or a combination of both) not to exceed the maximum allowed by the IRC and the Plan document. Mandatory employee contributions of pre-tax compensation of two percent (2%) become a condition of employment after the participant has reached age 21 and obtained two years of service. Participants who have attained age 50 before the close of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing direct or eligible rollover distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various investment options for participants.

#### Employer Contributions

The Foundation begins to make matching contributions once the participant begins the mandatory employee contribution. The Foundation will make matching contributions on the participant's elective deferrals based upon a tiered contribution schedule included in the Plan document and adoption agreement, up to 6%. Contributions are subject to certain limitations as defined in the Plan document and adoption agreement.

#### Participant Accounts

Each participant's account is credited with the participant's contributions, the Foundation's matching contributions and allocations of Plan earnings or losses. Allocations are based on account balances, as defined in the Plan document and adoption agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Vesting

Participants are immediately vested in their elective deferrals, mandatory contributions and rollovers plus actual earnings thereon, as well as the portion of their individual account derived from the Foundation's matching contributions plus actual earnings thereon.

# COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

## Notes to the Financial Statements, continued

### 1. Description of the Plan, continued

#### Investment Options

Participants direct the investment of their contributions, including rollover contributions, as well as Foundation matching contributions made on their behalf into various investment options offered by the Plan. Participants may change their investment options at any time.

#### Payment of Benefits

Upon severance from employment or attainment of normal retirement age, a participant or their beneficiary may receive the value of the vested portion of their individual account paid to them in one or more of the following forms of payment: (1) in a lump sum, (2) in a partial payment, (3) in installment payments over a period not to exceed the life expectancy of the participant or the joint and last survivor life expectancy of the participant and their designated beneficiary, or (4) applied to the purchase of an annuity contract or converted to an income option as available to participants under the individual agreements permitted under the plan document and adoption agreement. Participants may elect to roll over distributions to other qualified plans or to individual retirement accounts.

#### Notes Receivable from Participants

Plan participants may request a loan in accordance with provisions in the plan document and adoption agreement. Participants may borrow from their accounts an amount at a minimum of \$1,000 up to a maximum of 50% of the participant's nonforfeitable account balance. The maximum aggregate dollar amount of loans outstanding to any participant may not exceed \$50,000, reduced by the excess of the participant's highest outstanding loan balance during the 12-month period ending on the date of the loan over the participant's current outstanding loan balance on the date of the loan. Loan terms may not exceed five years; however, loan terms may be extended beyond five years if the proceeds are used to acquire a home that will be the primary residence of the participant. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.50% to 9.50%, which were commensurate with Federal Reserve Board Bank prime loan rate plus 1 percent at the time of the loan origination. Principal and interest are paid ratably through payroll deductions if currently employed by the Foundation.

The loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based on the terms of the Plan document.

#### Plan Loans to Participants

Net assets available for benefits include assets held by TIAA-CREF as collateral for Plan loans currently outstanding to participants as well as amounts reported to the Internal Revenue Service (IRS) as deemed distributed but still held in Plan assets pending a distributable event. See Note 10 regarding the Contingency for Plan Loans to Participants.

#### Plan Expenses

Personnel with the Foundation perform many administrative duties of the Plan, including maintenance of personnel files and reconciliation of payroll records. Expenses including related overhead costs paid by the Foundation are excluded from these financial statements. Other contract administrator fees may be paid directly from Plan assets.

# COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements, continued

## 1. Description of the Plan, continued

### Risks and Uncertainties

The Plan provides for participant directed investment options in various securities. 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 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 financial statements.

## 2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) which require management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates. The following is a summary of the significant accounting policies consistently followed by the Plan in the preparation of its financial statements:

### Investment Valuation and Income Recognition

The Plan's investments, are stated at fair value with the exception of the fully benefit responsive insurance contract. 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. Contract value is the relevant measurement for fully benefit responsive insurance contracts because contract value is the amount participants would received if they were to initiate permitted transactions under the terms of the Plan.

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

### Contributions

Contributions from Plan participants and any matching contributions from the Plan Sponsor are recorded in the year in which the employee contributions are withheld from compensation.

### Payment of Benefits

Benefits are recorded when paid.

### Subsequent Events

The Plan's management has evaluated subsequent events for accounting and disclosure requirements through February 19, 2026, the date that the financial statements were available to be issued.

## COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements, continued

### 3. Information Prepared and Certified by Custodian

The Plan's investment information included in this note and throughout the Plan's financial statements and supplemental schedule was prepared by or derived from information certified by TIAA-CREF, the custodian of the Plan, and furnished to the Foundation who is the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that investment information provided to the Plan Administrator by the custodian is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to investment information in this note and which appears throughout the financial statements and the supplemental schedule.

The following table presents the fair value of investments (except for the fully benefit responsive insurance contracts which are reported at contract value) in the Plan that were certified by TIAA-CREF.

	<u>2025</u>	<u>2024</u>
Mutual funds	\$ 28,889,599	\$ 26,655,862
Pooled separate account	1,237,947	1,210,034
Non benefit responsive contracts	7,743,090	7,938,905
Fully benefit responsive insurance contracts	<u>273,694</u>	<u>771,220</u>
Total investments	<u>\$ 38,144,330</u>	<u>\$ 36,576,021</u>
Notes receivable from participants	\$ 145,693	\$ 121,985

TIAA-CREF also certified to the completeness and accuracy of \$2,811,568 of net realized and unrealized appreciation in the fair value of mutual funds, \$787,587 of interest and dividends related to the investments, and \$11,980 of interest income on notes receivable from participants for the year ended June 30, 2025.

### 4. Fair Value Measurements

The Plan has determined the fair value of investments through the application of GAAP related to the fair value measurement and disclosures. Investments valued using level 1 inputs are based on unadjusted quoted market prices within active markets. Investments valued using level 2 inputs are based primarily on quoted prices for similar assets in active or inactive markets. Investments valued using level 3 inputs are primarily valued using management's assumptions about the assumptions.

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis. There have been no changes in the valuation methodologies used at June 30, 2025 and 2024.

#### Mutual funds (registered investment companies)

These investments are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

## COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements, continued

### 4. Fair Value Measurements, continued

#### Pooled separate account (TIAA real estate)

These investments are valued daily at the closing accumulation unit value, which is considered to represent fair value. The value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The unit values are calculated daily and listed on the NASDAQ stock market.

#### Non benefit responsive insurance contracts

These investment assets are unallocated fixed-annuity contracts that provide a guarantee of principal, a guaranteed minimum rate of interest, and the potential for additional interest if declared by TIAA-CREF. The contracts are reported at contract value which approximates fair value and are classified within Level 3 of the valuation hierarchy. See Note 5 for further details.

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

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b><u>2025</u></b>				
Investments measured at fair value:				
Mutual funds	\$ 28,889,599	\$ -	\$ -	\$ 28,889,599
Non benefit responsive insurance contracts	<u>-</u>	<u>-</u>	<u>7,743,090</u>	<u>7,743,090</u>
Total investments in fair value hierarchy	<u>\$ 28,889,599</u>	<u>\$ -</u>	<u>\$ 7,743,090</u>	36,632,689
Investments measured at NAV:				
Pooled separate account				<u>1,237,947</u>
Total investments at fair value				<u>\$ 37,870,636</u>

**COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN**

Notes to the Financial Statements, continued

**4. Fair Value Measurements, continued**

<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at fair value:				
Mutual funds	\$ 26,655,862	\$ -	\$ -	\$ 26,655,862
Non benefit responsive insurance contract	<u>-</u>	<u>-</u>	<u>7,938,905</u>	<u>7,938,905</u>
Total investments in fair value hierarchy	<u>\$ 26,655,862</u>	<u>\$ -</u>	<u>\$ 7,938,905</u>	34,594,767
Investments measured at NAV:				
Pooled separate account				<u>1,210,034</u>
Total investments at fair value				<u>\$ 35,804,801</u>

The following table provides a summary of changes in fair value of the Plan's Level 3 assets for the year ended June 30, 2025:

	<u>Non benefit Responsive Insurance Contracts</u>
Balance as of June 30, 2024	\$ 7,938,905
Interest and dividends	344,953
Interest on notes receivable from participants	500
Contributions - Employer	29,380
Contributions - Participant	66,197
Benefits paid	(783,347)
Participant directed interfund transfers in	308,513
Participant directed interfund transfers out	(165,685)
Other transfers	<u>3,674</u>
<b>Balance as of June 30, 2025</b>	<b><u>\$ 7,743,090</u></b>

In accordance with accounting standards, investments that are measured at fair value using the NAV practical expedient have not been classified as Level 1, 2 or 3 in the fair value hierarchy, but are included above to permit reconciliation of the fair value hierarchy tables to the amounts presented in the statements of net assets available for benefits.

The following table summarized investments measured at fair value based on NAV per share as of June 30, 2025 and 2024:

	<u>2025 Fair Value</u>	<u>2024 Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	<b><u>\$ 1,237,947</u></b>	<b><u>\$ 1,210,034</u></b>		Immediate	None

## COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements, continued

### 5. Non Benefit Responsive Investment Contracts with Insurance Company

The Plan offers TIAA Traditional Annuity contracts, unallocated fixed-annuity non benefit responsive contracts fully and unconditionally guaranteed by TIAA's General Account. The annuity provides a guarantee of principal, a guaranteed minimum rate of return, and the potential for additional interest if declared by TIAA-CREF. Additional interest, when declared, remains in effect for the "declaration year", which begins each March 1. Additional interest is not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the "crediting rate" in the accumulation phase of the account. Contributions to a participant's account purchase a guaranteed amount of lifetime annuity income. When a participant's account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan. Withdrawals by participants from the portion of their account composed of the annuity option are limited by the terms of the contract and provisions in the Plan document and adoption agreement.

### 6. Fully Benefit Responsive Investment Contract with Insurance Company

Beginning in the Plan year ending June 30, 2017, the Plan offered the TIAA Stable Value Fund (Fund) a fixed-rate group annuity fully benefit responsive contract. Contributions are maintained in a non-unitized separate account of TIAA-CREF and buy a contractual or guaranteed amount of future benefits for the participant. During the accumulation phase, allocations to the Fund are supported by the value of the assets in the separate account. In the event that the assets in the separate account are insufficient to support the guarantees provided for under the contract, the TIAA General Account is obligated to fund the deficiency. After the accumulation phase, the Fund is guaranteed by TIAA's General Account. The annuity provides a guarantee of principal, a guaranteed minimum rate of interest before deductions for contract fees, and the potential for additional interest if declared by TIAA-CREF. Additional interest, when declared, remains in effect from January 1 through June 30 and from July 1 through December 31 and is not guaranteed for future periods. Together, the guaranteed minimum and additional amounts make up the "crediting rate" in the accumulation phase of the account.

The Fund's objective is providing capital preservation and income, safety, liquidity, competitive interest and the option to receive guaranteed income for life during retirement. The Fund is immediately liquid to a participant for withdrawals and transfers and does not have withdrawal restrictions (except that immediate transfers cannot be made to competing investment options pursuant to the contract's "equity wash" provisions). In addition, transfers into the Fund may not be made for 30 days following a transfer out. Upon retirement, participants can choose from a variety of income options including lifetime annuities guaranteed by TIAA-CREF. Lifetime annuities are paid from TIAA's General Account and not the separate account.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan Documents (including complete or partial Plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan Sponsor or other Plan Sponsor event (e.g., divestitures or spin-offs of a subsidiary) that causes a significant withdrawal from the Plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

# COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements, continued

## 6. Fully Benefit Responsive Investment Contract with Insurance Company, continued

As of June 30, 2025 and 2024, the TIAA Stable Value Fund was valued at \$273,694 and \$771,220, respectively.

## 7. Party-in-Interest Transactions

TIAA-CREF is the trustee and custodian as defined by the Plan and, therefore, any administrative fees paid by the Plan would qualify as exempt party-in-interest transactions. Direct administrative expenses of \$18,425 were paid by the Plan in the year ended June 30, 2025.

## 8. Plan Termination

Although it has not expressed any intent to do so, the Foundation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the rights of all affected participants to amounts contributed by them, the plan administrator and any related earnings thereon would remain fully vested.

## 9. Income Tax Status

The Plan has adopted a volume submitter plan document sponsored by TIAA-CREF. The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform to the listing of 403(b) plans that have been pre-approved by the IRS. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRS and; therefore, believes that the Plan is qualified and the related trust is tax-exempt.

## 10. Contingency for Plan Loans to Participants

Through November 2021, plan loans were issued as separate contracts by TIAA-CREF and did not represent plan assets. Loans are collateralized using the participant's TIAA Traditional account balance in an amount equal to one hundred ten percent (110%) of the outstanding loan balance. Principal and interest are paid by the participant to TIAA-CREF and payments reduce amounts collateralized by the borrowing participant's TIAA Traditional account balance.

Outstanding loans held by TIAA-CREF bear interest rates from 4.00% to 7.65% with maturities through November 1, 2026 as of June 30, 2025 and 2024.

The loan activity during the Plan years ended June 30, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Beginning balance	\$ 248,018	\$ 383,265
Principal repayments by plan participants	(30,123)	(65,217)
Net activity in loans deemed distributed	<u>(147,909)</u>	<u>(70,030)</u>
Ending balance	\$ <u>69,986</u>	\$ <u>248,018</u>

## COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN

Notes to the Financial Statements, continued

### 10. Contingency for Plan Loans to Participants, continued

The ending balance for loan activity shown above includes \$60,684 and \$208,498 held in the Plan Loan Default Fund as of June 30, 2025 and 2024, respectively. These amounts reflect collateral of defaulted loans that have been deemed distributed to the participants but for which a distributable event has not yet occurred.

**SUPPLEMENTAL SCHEDULE**

**COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN**

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

June 30, 2025

Plan Sponsor: College Foundation, Inc.  
 Plan Sponsor's EIN: 56-6046937  
 Plan Number: 001

(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
<u>Registered Investment Companies:</u>				
*	CREF Variable Annuities	CREF Stock R1	**	\$ 5,827,697
*	CREF Variable Annuities	CREF Equity Index R1	**	3,441,053
*	CREF Variable Annuities	CREF Global Equities R1	**	3,283,352
*	CREF Variable Annuities	Nuveen Lifecycle 2030 Retire	**	1,866,788
*	CREF Variable Annuities	CREF Growth R1	**	1,635,715
*	CREF Variable Annuities	Nuveen Lifecycle 2035 Retire	**	1,470,140
*	CREF Variable Annuities	CREF Social Choice R1	**	1,442,168
*	CREF Variable Annuities	Eaton Vance Large Cap Value I	**	1,027,439
*	CREF Variable Annuities	Nuveen Lifecycle 2040 Retire	**	962,634
*	CREF Variable Annuities	PGIM Jennison Growth Z	**	860,295
*	CREF Variable Annuities	Nuveen Lifecycle 2045 Retire	**	739,548
*	CREF Variable Annuities	Nuveen Lifecycle 2020 Retire	**	633,721
*	CREF Variable Annuities	Nuveen Lifecycle 2025 Retire	**	539,764
*	CREF Variable Annuities	Nuveen Internal Equity Retire	**	499,770
*	CREF Variable Annuities	CREF Core Bond R1	**	496,099
*	CREF Variable Annuities	CREF Inflation-Linked Bond R1	**	495,940
*	CREF Variable Annuities	Nuveen Emerg Mkts Eq Idx R6	**	465,792
*	CREF Variable Annuities	AB Small Cap Growth Port I	**	406,401
*	CREF Variable Annuities	Janus Henderson Enterprise S	**	395,796
*	CREF Variable Annuities	Allspring Spec Small Cap Val Inst	**	373,707
*	CREF Variable Annuities	Vanguard Mid-Cap Value Idx Adm	**	281,592
*	CREF Variable Annuities	Nuveen Lifecycle 2050 Retire	**	263,846
*	CREF Variable Annuities	CREF Money Market R1	**	232,396
*	CREF Variable Annuities	Lord Abbett Short Duration Income I	**	228,434
*	CREF Variable Annuities	Nuveen High Yield Retirement	**	163,881
*	CREF Variable Annuities	Nuveen Lifecycle 2055 Retire	**	159,380
*	CREF Variable Annuities	Invesco Developing Markets R6	**	155,881
*	CREF Variable Annuities	Guggenheim Total Ret Bd Instl	**	140,738
*	CREF Variable Annuities	Virtus KAR Intern Sml Mid Cp I	**	139,164
*	CREF Variable Annuities	Nuveen Lifecycle 2015 Retire	**	115,933
*	CREF Variable Annuities	Metropolitan West Total Return Bond I	**	79,030
*	CREF Variable Annuities	Nuveen Lifecycle 2010 Retire	**	42,010
*	CREF Variable Annuities	PIMCO Commod RealRetStrat Inst	**	14,873
*	CREF Variable Annuities	Nuveen Lifecycle 2060 Retire	**	7,716
*	CREF Variable Annuities	Nuveen Lifecycle 2065 Retire	**	906

See independent auditor's report.

**COLLEGE FOUNDATION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

June 30, 2025

Plan Sponsor: College Foundation, Inc.  
 Plan Sponsor's EIN: 56-6046937  
 Plan Number: 001

(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
<u>Pooled Separate Account:</u>				
* CREF Variable Annuities	TIAA Real Estate		**	1,237,947
<u>Insurance Company General Contracts:</u>				
* CREF Variable Annuities	TIAA Traditional Non Benefit Responsive		**	5,792,917
* CREF Variable Annuities	TIAA Traditional Non Benefit Responsive 2		**	1,889,489
CREF Variable Annuities	Plan Loan Default Fund		**	60,684
<u>Fully Benefit Responsive Insurance Contract</u>				
* CREF Variable Annuities	TIAA Stable Value		**	273,694
<u>Participant Loan Fund:</u>				
* Notes receivable from participants	Interest rates from 4.50% - 9.50% maturing through 2029		\$0	<u>145,693</u>
				<u>\$ 38,290,023</u>

\*Denotes party-in-interest.

\*\*Cost information is not required by ERISA for participant-directed investments.

See independent auditor's report.

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

Name of Plan:

► College Foundation, Inc. Defined Contribution Retirement Plan

Employer Identification Number: ► 56-6046937

For plan year (beginning/ending): ► 07/01/2024 - 06/30/2025

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 5,792,916.64
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		\$ 1,889,488.91
*	College Retirement Equities Fund variable annuities	TIAA Stable Value		\$ 273,693.81
*	College Retirement Equities Fund variable annuities	Plan Loan Default Fund		\$ 60,684.21
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$ 5,827,696.71
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 232,396.39
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$ 1,442,168.37
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 3,283,351.85
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 1,635,715.42
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$ 3,441,053.39
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 495,939.89
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 1,237,946.65
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1		\$ 496,099.41
	College Retirement Equities Fund variable annuities	Nuveen High Yield Retirement		\$ 163,880.61
	College Retirement Equities Fund variable annuities	Nuveen Internatl Equity Retire		\$ 499,769.85
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2010 Retire		\$ 42,010.44
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2015 Retire		\$ 115,932.91
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2020 Retire		\$ 633,721.11
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2025 Retire		\$ 539,764.05
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2030 Retire		\$ 1,866,788.50
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2035 Retire		\$ 1,470,140.12
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2040 Retire		\$ 962,633.63
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2045 Retire		\$ 739,547.89
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2050 Retire		\$ 263,846.38
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2055 Retire		\$ 159,380.47
	College Retirement Equities Fund variable annuities	Eaton Vance Large Cap Value I		\$ 1,027,438.90
	College Retirement Equities Fund variable annuities	PGIM Jennison Growth Z		\$ 860,295.01
	College Retirement Equities Fund variable annuities	PIMCO Commod RealRetStrat Inst		\$ 14,872.68
	College Retirement Equities Fund variable annuities	Invesco Developing Markets R6		\$ 155,880.89
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2060 Retire		\$ 7,715.61
	College Retirement Equities Fund variable annuities	AB Small Cap Growth Port I		\$ 406,401.34
	College Retirement Equities Fund variable annuities	Lord Abbett Sh Duration Inc I		\$ 228,433.74
	College Retirement Equities Fund variable annuities	Metropolitan West TotRet Bnd I		\$ 79,029.73
	College Retirement Equities Fund variable annuities	Allspring Spec SmalCapVal Inst		\$ 373,706.79
	College Retirement Equities Fund variable annuities	Guggenheim Total Ret Bd Instl		\$ 140,737.72
	College Retirement Equities Fund variable annuities	Janus Henderson Enterprise S		\$ 395,796.26
	College Retirement Equities Fund variable annuities	Virtus KAR Intern Sml Mid Cp I		\$ 139,163.67
	College Retirement Equities Fund variable annuities	Nuveen Lifecycle 2065 Retire		\$ 905.77
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Value Idx Adm		\$ 281,591.59
	College Retirement Equities Fund variable annuities	Nuveen Emerg Mkts Eq Idx R6		\$ 465,792.37
	College Retirement Equities Fund variable annuities	Participant Loan Fund		\$ 145,692.73
	Grand Total			\$ 38,290,023