# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

**B** This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

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

**1a** Name of plan
WESLEYAN UNIVERSITY RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1974

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WESLEYAN UNIVERSITY

55 HIGH STREET
MIDDLETOWN, CT 06457-3401

55 HIGH STREET
MIDDLETOWN, CT 06457-3401

**2b** Employer Identification Number (EIN) 06-0646959

**2c** Plan Sponsor's telephone number

**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.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | ANDREW Y. TANAKA-READER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | 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: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 3090 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 1866 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1819 |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1219 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 3038 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 29 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 3067 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 2604 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 2590 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 57 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2L 2M

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [X] | Insurance | **(1)** [X] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(4)** [ ] | 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

# 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

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
WESLEYAN UNIVERSITY RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WESLEYAN UNIVERSITY

**D** Employer Identification Number (EIN)
06-0646959

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

**1** Coverage Information:

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

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-1624203 | 69345 | 151200 | 1570 | 01/01/2025 | 12/31/2025 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 164350149 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 182373339 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | 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 ▶ | 6d | |

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

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 156995055 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 5152036 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 6620176 | | |
| | (4) Transferred from separate account | 7c(4) | 22164293 | | |
| | (5) Other (specify below) | 7c(5) | 215991 | | |
| | ▶ PLAN TRANSFERS & SERVICING CREDITS | | | | |
| | (6) Total additions | | | 7c(6) | 34152496 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 191147551 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 11305257 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | 15491940 | | |
| | (4) Other (specify below) | 7e(4) | 205 | | |
| | ▶ PLAN TRANSFERS | | | | |
| | (5) Total deductions | | | 7e(5) | 26797402 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 164350149 |

## 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: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **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. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
WESLEYAN UNIVERSITY RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WESLEYAN UNIVERSITY

**D** Employer Identification Number (EIN)
06-0646959

## 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).. . . . . [X] Yes [ ] No

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

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

TIAA-CREF
730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

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

FIDELITY INVESTMENTS
82 DEVONSHIRE STREET
BOSTON, MA 02109-3614

04-2647786

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

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

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

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

| (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? |
|---|---|---|---|---|---|---|
| 99 | RECORDKEEPER | 101802 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

FIDELITY INVESTMENTS

82 DEVONSHIRE STREET
BOSTON, MA 02109-3614

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 37 64 65 | RECORDKEEPER | 91718 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MP, P.C.

1 MONARCH PL SUITE 900
SPRINGFIELD, MA 01144

04-3191789

| (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? |
|---|---|---|---|---|---|---|
| 10 | AUDITORS | 30455 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## 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.

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

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** 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.

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

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

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

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

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

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** 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)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan 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.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
WESLEYAN UNIVERSITY RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
WESLEYAN UNIVERSITY

**D** Employer Identification Number (EIN)
06-0646959

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

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

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

| **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) |
|---|---|---|
| 13-1624203-004 | P | 17732373 |

**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) |
|---|---|---|

**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) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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).

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
WESLEYAN UNIVERSITY RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WESLEYAN UNIVERSITY

**D** Employer Identification Number (EIN)
06-0646959

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 743568 | 789699 |
| **(2)** Participant contributions | 1b(2) | 492630 | 533674 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2276247 | 4961747 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 705447 | 859877 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 16692847 | 17732373 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 507340696 | 575653233 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 156995055 | 164350149 |
| **(15)** Other | 1c(15) | 2899138 | 4358065 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 688145628 | 769238817 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 688145628 | 769238817 |

## 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.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 11500840 | |
| **(B)** Participants | 2a(1)(B) | 10347027 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 7828204 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 29676071 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 147566 | |
| **(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) | 67667 | |
| **(F)** Other | 2b(1)(F) | 7157613 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7372846 |
| **(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) | 20546507 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 20546507 |
| **(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) | | 670094 |
| (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) | | 67979415 |
| c Other income | 2c | | 404832 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 126649765 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 42170827 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 3180194 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 45351021 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 8771 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (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) | 196784 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 196784 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 45556576 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 81093189 |
| l 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: MP P.C. **(2)** EIN: 04-3191789

**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 |
|---|---|---|---|---|
| **a** 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.) | 4a | | X | |
| **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.) | 4b | | X | |
| **c** 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.) | 4c | | X | |
| **d** 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.) | 4d | | X | |
| **e** Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** 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? | 4g | | X | |
| **h** 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? | 4h | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** 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.) | 4j | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** 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. | 4n | | X | |

**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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** 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 _____.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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).

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
WESLEYAN UNIVERSITY RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
WESLEYAN UNIVERSITY

**D** Employer Identification Number (EIN)
06-0646959

## Part I Distributions

**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**

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

EIN(s): 13-1624203 04-2647786

**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**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** 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) ..... **6c**

**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**

## Part III Amendments

**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**

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

**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:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

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

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **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 | **16b** | |

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Wesleyan University Retirement Plan

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

We were engaged to perform an audit of the financial statements of Wesleyan University Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, 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 financial statements of the Plan referred to in the first paragraph. Because of the significance of the matter 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***

Prior to July 1, 2009, records were maintained at a contract, not a plan, level; therefore, management has not maintained, and TIAA did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

Our responsibility is to conduct an audit of Wesleyan University Retirement Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matter 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.

***Supplemental Schedule Required by ERISA***

The supplemental schedule of Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter 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.

MP P.C.
Springfield, Massachusetts
October 14, 2026

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 06-0646959**
**Plan: 001**
**December 31, 2025**

| *(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* |
|---|---|---|---|---|
| | | Guaranteed Investment Contract: | | |
| * | TIAA | TIAA Traditional Benefit Responsive | ** | $ 47,082,616 |
| * | TIAA | TIAA Traditional Non Benefit Responsive | ** | 117,267,533 |
| | | | | 164,350,149 |
| | | Pooled Separate Account: | | |
| * | TIAA CREF | Real Estate | ** | 17,732,373 |
| | | | | 17,732,373 |
| | | Registered Investment Companies: | | |
| | | Variable Annuity Contracts | | |
| * | CREF | Stock R2 | ** | 85,838,349 |
| * | CREF | Growth R2 | ** | 34,731,209 |
| * | CREF | Money Market R2 | ** | 2,936,892 |
| * | CREF | Responsible Balanced R2 | ** | 11,959,112 |
| * | CREF | Core Bond R2 | ** | 3,315,262 |
| * | CREF | Global Equities R2 | ** | 12,813,138 |
| * | CREF | S&P 500 Index R2 | ** | 11,545,049 |
| * | CREF | Inflation-Linked Bond R2 | ** | 1,501,955 |
| | | Mutual funds | | |
| | American Funds | American Fds 2010 Tar Ret R6 | ** | 3,276,689 |
| | American Funds | American Fds 2020 Tar Ret R6 | ** | 7,439,970 |
| | American Funds | American Fds 2030 Tar Ret R6 | ** | 21,212,477 |
| | American Funds | American Fds 2040 Tar Ret R6 | ** | 36,174,054 |
| | American Funds | American Fds 2045 Tar Ret R6 | ** | 20,537,221 |
| | American Funds | American Fds 2050 Tar Ret R6 | ** | 16,151,622 |
| | American Funds | American Fds 2015 Tar Ret R6 | ** | 2,411,782 |
| | American Funds | American Fds 2025 Tar Ret R6 | ** | 12,037,301 |
| | American Funds | American Fds 2035 Tar Ret R6 | ** | 22,372,173 |
| | American Funds | American Fds 2055 Tar Ret R6 | ** | 10,449,521 |
| | American Funds | American Fds 2060 Tar Ret R6 | ** | 3,883,795 |
| | American Funds | American Fds 2065 Tar Ret R6 | ** | 85,163 |
| | American Funds | American Fds 2070 Tar Ret R6 | ** | 64,413 |
| | Dodge & Cox | Stock Fund Class X | ** | 8,275,165 |
| | Dodge & Cox | Income Fund - Cl X | ** | 11,215,131 |

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued**
**EIN: 06-0646959**
**Plan: 001**
**December 31, 2025**

| (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 |
|---|---|---|---|---|
| | T.Rowe Price | Growth Stock I | ** | $ 21,866,776 |
| * | Vanguard | Vanguard Extended Mkt Idx Inst | ** | 30,331,485 |
| * | Vanguard | Vanguard Federal Money Mkt Inv | ** | 11,838,353 |
| * | Vanguard | Vanguard Inst Idx Inst | ** | 91,918,014 |
| * | Vanguard | Vanguard Tti Intl Stk Idx Inst | ** | 32,436,148 |
| * | Vanguard | Vanguard Ttl Bd Mkt Idx Inst | ** | 15,456,120 |
| | American Funds | EuroPacific Growth R6 | ** | 10,372,771 |
| | Boston Trust Walden | Balanced Fund | ** | 3,404,005 |
| * | Fidelity | Brokeragelink | ** | 8,863,973 |
| * | Vanguard | 500 Idx Fd Admiral Shs | ** | 4,328,946 |
| * | Vanguard | Balanced Index Fund Admiral Shs | ** | 273,897 |
| * | Vanguard | Cash Reserves Federal Money | ** | 20,061 |
| * | Vanguard | Developed Markets Inx Fd Admiral Shs | ** | 12,652 |
| * | Vanguard | Dividend Growth Fund | ** | 129,214 |
| * | Vanguard | Emerging Markets Stock Index Fund | ** | 281,233 |
| * | Vanguard | Equity Income Fund Admiral Shs | ** | 104,160 |
| * | Vanguard | European Stock Index Fund | ** | 111,117 |
| * | Vanguard | Explorer Fund Admiral Shs | ** | 99,113 |
| * | Vanguard | Extended Market Index Fund | ** | 237,660 |
| * | Vanguard | Federal Money Market Fund | ** | 5,126 |
| * | Vanguard | FTSE Social Index Admiral | ** | 957,432 |
| * | Vanguard | Global Capital Cycles Investor | ** | 142,093 |
| * | Vanguard | GNMA Fund Admiral Shs | ** | 179,257 |
| * | Vanguard | Growth and Income Fund Admiral | ** | 310,584 |
| * | Vanguard | Growth Index Fund Admiral Shs | ** | 318,213 |
| * | Vanguard | Health Care Fund Admiral Shs | ** | 63,788 |
| * | Vanguard | High Dividend Yield Index Fund Adm | ** | 18,567 |
| * | Vanguard | High Yield Corp Fund Admiral Shs | ** | 86,563 |
| * | Vanguard | Inflation Protected Securities Fund | ** | 63,272 |
| * | Vanguard | Target Retirement 2020 Fund | ** | 786,510 |
| * | Vanguard | Target Retirement 2025 Fund | ** | 262,911 |
| * | Vanguard | Target Retirement 2035 Fund | ** | 762,551 |
| * | Vanguard | Target Retirement 2045 Fund | ** | 57,738 |
| * | Vanguard | Intermediate Term Bond Index Fd | ** | 7,634 |
| * | Vanguard | Intermediate Term Inv't Grade Fund Inv | ** | 320 |

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued**
**EIN: 06-0646959**
**Plan: 001**
**December 31, 2025**

| *(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* |
|---|---|---|---|---|
| * | Vanguard | Intermediate Term Inv't Grade Fund Adm | ** | $ 155,452 |
| * | Vanguard | Intermediate Term Treasury Fund | ** | 515 |
| * | Vanguard | Large-Cap Index Fund Admiral Shs | ** | 19,396 |
| * | Vanguard | LifeStrategy 80/20 Investor | ** | 22,813 |
| * | Vanguard | LifeStrategy 60/40 Investor | ** | 106,316 |
| * | Vanguard | LT Treasury Fund Admiral Shs | ** | 39,835 |
| * | Vanguard | Mid-Cap Growth Fund | ** | 9,985 |
| * | Vanguard | Mid-Cap Index Fund Admiral Shs | ** | 9,190 |
| * | Vanguard | Pacific Stock Index Fund Admiral | ** | 15,616 |
| * | Vanguard | PRIMECAP Fund Admiral Shs | ** | 100,043 |
| * | Vanguard | Real Estate Index Fund Admiral Shs | ** | 96,249 |
| * | Vanguard | ST Investment Grade Fund | ** | 65,504 |
| * | Vanguard | ST Treasury Fund Admiral Shs | ** | 2,941 |
| * | Vanguard | Small Cap Growth Index Fund | ** | 145,135 |
| * | Vanguard | Small Cap Index Fund Admiral Shs | ** | 25,798 |
| * | Vanguard | STAR Fund | ** | 119,729 |
| * | Vanguard | Total Bond Market Index Fund Admiral Shs | ** | 15,998 |
| * | Vanguard | Total Stock Market Index Fund A | ** | 758,879 |
| * | Vanguard | Treasury MM Fund | ** | 129,792 |
| * | Vanguard | U.S. Growth Fund Admiral Shs | ** | 564,090 |
| * | Vanguard | Wellesley Income Fund Admiral Shs | ** | 95,368 |
| * | Vanguard | Wellington Fund Admiral Shs | ** | 412,133 |
| * | Vanguard | Windsor Fund Investor Shs | ** | 8,032 |
| * | Vanguard | Windsor Fund Admiral Shs | ** | 39,647 |
| * | Vanguard | Windsor II Fund Admiral Shs | ** | 746,488 |
| * | Vanguard | Target Retirement Income Fund | ** | 8,462 |
| * | DWS Scudder | Global Macro S | ** | 265 |
| * | DWS Scudder | Croci US S | ** | 4,284 |
| * | DWS Scudder | U.S. Treasury Money S | ** | 5,162 |
| * | DWS Scudder | International Opps S | ** | 216 |
| * | DWS Scudder | Short Duration S | ** | 115 |
| * | DWS Scudder | Global Small Cap S | ** | 3,738 |

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued**
**EIN: 06-0646959**
**Plan: 001**
**December 31, 2025**

| (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 |
|---|---|---|---|---|
| * | DWS Scudder | Real Assets S | ** | $ 92 |
| * | DWS Scudder | Enhanced Core Equity S | ** | 46,889 |
| * | DWS Scudder | GNMA Fund - S | ** | 99 |
| * | DWS Scudder | Small Cap Core Fund - S | ** | 18,913 |
| * | DWS Scudder | Large Cap Focus GR S | ** | 9,902 |
| * | DWS Scudder | Small Cap Growth S | ** | 64,955 |
| * | DWS Scudder | Global Income Bld S | ** | 22,804 |
| * | DWS Scudder | Emerging Markets Equity - S | ** | 23,215 |
| * | DWS Scudder | Multiasset Consrvtv S | ** | 162 |
| * | BNY Mellon | Sustainable US Equity Fund, Class Z | ** | 355,981 |
| * | Dreyfus | Money Market Fund, Wealth Shares | ** | 9,082 |
| | | | | 580,614,980 |
| * | TIAA-CREF | Self-Directed Brokerage Account | ** | 4,358,065 |
| | Participant Loans | Loans (interest ranging from 4.25% to 9.50%) | -0- | 859,877 |
| | | | | $ 767,915,444 |

* Related party/party-in-interest.
** All account balances are participant directed, cost not included.
-0- Cost not included.

# WESLEYAN UNIVERSITY
# RETIREMENT PLAN

FINANCIAL STATEMENTS

WITH SUPPLEMENTAL INFORMATION

for the years ended December 31, 2025 and 2024

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are omitted because of the absence of conditions under which the schedules are required.

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Wesleyan University Retirement Plan

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

We were engaged to perform an audit of the financial statements of Wesleyan University Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, 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 financial statements of the Plan referred to in the first paragraph. Because of the significance of the matter 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***

Prior to July 1, 2009, records were maintained at a contract, not a plan, level; therefore, management has not maintained, and TIAA did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

Our responsibility is to conduct an audit of Wesleyan University Retirement Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matter 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.

***Supplemental Schedule Required by ERISA***

The supplemental schedule of Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter 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.

MP P.C.
Springfield, Massachusetts
October 14, 2026

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value | $ 719,972,951 | $ 643,353,767 |
| Investments at contract value | 47,082,616 | 42,850,216 |
| | 767,055,567 | 686,203,983 |
| Receivables: | | |
| Employer contributions | 789,699 | 743,568 |
| Participant contributions | 533,674 | 492,630 |
| Notes receivable from participants | 950,631 | 787,430 |
| Total receivables | 2,274,004 | 2,023,628 |
| Total assets | 769,329,571 | 688,227,611 |
| Net assets available for benefits | $ 769,329,571 | $ 688,227,611 |

*See accompanying notes to financial statements.*

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**for the years ended December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **ADDITIONS** | | |
| Investment income: | | |
| Net appreciation in the fair value of investments | $ 68,649,509 | $ 60,610,867 |
| Interest | 7,305,179 | 6,996,466 |
| Dividends | 20,546,507 | 12,195,198 |
| | 96,501,195 | 79,802,531 |
| Interest income on notes receivable from participants | 67,667 | 48,151 |
| Contributions: | | |
| Employer contributions | 11,500,840 | 11,372,097 |
| Participant contributions | 10,347,027 | 9,892,999 |
| Rollover contributions | 7,828,204 | 4,110,252 |
| | 29,676,071 | 25,375,348 |
| Plan servicing credits | 404,832 | 431,513 |
| Total additions | 126,649,765 | 105,657,543 |
| **DEDUCTIONS** | | |
| Benefits paid to participants | 42,170,827 | 46,279,844 |
| Purchases of annuity contracts | 3,180,194 | 4,260,376 |
| Total benefits paid | 45,351,021 | 50,540,220 |
| Administrative expense | 196,784 | 180,248 |
| Total deductions | 45,547,805 | 50,720,468 |
| Net increase | 81,101,960 | 54,937,075 |
| Net assets available for benefits, beginning of year | 688,227,611 | 633,290,536 |
| Net assets available for benefits, end of year | $ 769,329,571 | $ 688,227,611 |

*See accompanying notes to financial statements.*

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

## 1. ***Description of the Plan***

The following description of the Wesleyan University Retirement Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. In the event there is a conflict between information provided in this document and the benefit plan documents, the terms of the Plan document will prevail. Net assets of the Plan are held by TIAA and CREF (collectively known as "TIAA") and Fidelity Management Trust Company ("Fidelity"), qualified institutions. Net assets of the Plan are also held by Vanguard, Scudder, and Dreyfus.

### *General Information*

Wesleyan University (the "University") established the Plan to provide employees with a systematic means of saving and investing for the future. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan and through the Sr. Vice President and Chief Administrative Officer and Treasurer, has delegated this oversight to the Retirement Investment Committee. They determine the appropriateness of the Plan's investment offerings and monitor investment performance.

All eligible employees of the University as defined in accordance with the universal availability are eligible to enroll in the elective deferral portion of the Plan, excluding student employees, on their first day of work for the University. To become a participant in all other applicable contributions under the Plan, an employee must satisfy the following conditions:

1) Faculty, staff, and physical plant and public safety bargaining unit employees, who are regularly scheduled to work 1,000 or more hours per year are eligible to enroll in the Plan on their first day of work for the University, unless scheduled to work less than 50% of a full-time equivalent or less than 1,000 hours of service, as well as any faculty or post-doctorate staff members who are expected to be employed by the University for less than one year.

2) Secretarial/Clerical bargaining unit employees, who are regularly scheduled to work 910 or more hours per year, are eligible to enroll in the Plan upon completion of two years of service.

### *Plan Contributions*

Each year, participants may contribute up to 85% of pretax annual compensation, as defined in the Plan. The Plan also allows for Roth contributions, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective January 1, 2025, participants who have attained ages 60-63 before the end of the plan year are eligible to make increased catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The University will make a matching contribution as follows:

The University will match 50% of the participant's salary reduction contributions under the Wesleyan University Retirement Plan up to 6% of the participant's monthly base earnings, for a maximum matching contribution equal to 3%.

The University will also make a nonelective (base) contribution as follows:

1) For faculty, professional librarians, public safety bargaining unit employees, and administrative staff, the University will contribute 7% of the participant's compensation up to the integration level, as defined by the Plan document, and 10% of the participant's compensation over the integration level. The contribution on compensation in excess of the integration level shall be determined by annualizing such monthly compensation.
2) For secretarial/clerical and physical plant bargaining unit employees, the University will contribute a percent of the participant's compensation as follows: under age 40 – 5%, age 40 to 49 – 7.5%, age 50 to 59 – 10%, and age 60 and over – 12.5%.

***Participant Accounts***

Each participant's account is credited with the participant's contributions and the University's contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions. The benefit to which a participant is entitled is the amount available in the participant's vested account.

***Vesting***

Vesting under the Plan is as follows:

Participants are always 100% vested in their contributions under the Plan.

Vesting in the University's contribution portion of their accounts is as follows:

1) For faculty, professional librarians, public safety bargaining unit employees, and administrative staff, vesting occurs upon completion of three years of service, or reaching age 65, whichever occurs first. Nonelective contributions to staff employees made prior to January 1, 1992, are 100% vested regardless of the participant's length of service.

2) For physical plant and secretarial/clerical bargaining unit employees, vesting occurs upon completion of two years of service, or reaching age 65, whichever occurs first. Nonelective contributions to these bargaining unit employees made prior to October 22, 2010, are 100% vested regardless of the participant's length of service.

### *Payment of Benefits*

Upon retirement or death, a participant or beneficiary may receive the entire amount credited to the participant's account as a lump sum or other form permitted by the Plan at the participant's election. Upon termination, other than by retirement or death, a participant becomes eligible to receive the current value of the participant's account in a lump sum. There are also provisions for hardship withdrawals and age 59 ½ in-service withdrawals of employee contributions.

### *Forfeited Accounts*

For the years ended December 31, 2025 and 2024, the forfeited nonvested account balance totaled $277 and $19, respectively. These amounts may be used to fund any future University contributions or pay eligible administrative expenses of the Plan. For the years ended December 31, 2025 and 2024, forfeitures totaling $432,169 and $44,626, respectively, were used to fund the University's contributions.

### *Notes Receivable from Participants*

Participants may borrow a minimum of $1,000 from their accounts up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. Loan terms range from 1-5 years and may extend to 10 years for the purchase of a primary residence. The loans bear interest at commercially reasonable rates. Principal and interest are paid ratably by the participant directly to TIAA and Fidelity.

### *Plan Loans*

Plan loans were available to participants prior to March 15, 2021 and were issued directly from funds owned by TIAA and not directly from a participant's account. Adequate security is required, and a portion of the participant's account is held as collateral in the TIAA Traditional Annuity account to cover 110% of the outstanding loan in case of default. Participants could borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the present value of the vested accrued benefit. Loan terms range from 1-5 years or 10 years for the purchase of a primary residence. The loans bear interest at a variable rate and are subject to change based on the Moody's Corporate Bond Yield average. Principal and interest are paid ratably by the participant directly to TIAA. A default charge will be assessed against the portion of the loan collateral used to foreclose on all or part of any loan.

Plan loans are not shown in the Plan's statements of net assets available for benefits as these loans are not made from Plan assets and therefore not considered assets of the Plan, unless the loan is in default.

Plan loan balances from TIAA, including loan defaults, to the Plan's participants as of December 31, 2025 and 2024, were $33,556 and $108,769, respectively. As of December 31, 2025 and 2024, there were $10,249 and $10,355, respectively, in loans to participants in default and subject to repayment from participant's accounts at the time of distribution.

### *Annual Reporting Requirements*

Prior to July 1, 2009, TIAA maintained records at a contract, not plan, level and administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As a result, TIAA has been unable to produce sufficient records and supporting documentation relating to certain annuity and custodial accounts issued to current and former employees prior to July 1, 2009. Therefore, the completeness and accuracy of the annuity and custodial accounts, related investment income, and distributions, if any, could not be determined for periods prior to July 1, 2009.

## 2. *Summary of Significant Accounting Policies*

### *Basis of Accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting.

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

### *Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies using information provided by the investment adviser and custodian. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized and unrealized gains and losses on investments purchased, sold, and held during the year.

***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024 as participant loans are fully collateralized by the participant's vested account balance. Delinquent participant loans are recorded as deemed distributions on the basis of the terms of the Plan agreement and Internal Revenue Service (IRS) regulations.

***Benefit Payments***

Benefits are recorded when paid.

***Expenses***

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the University. Expenses that are paid by the University are excluded from these financial statements. Fees related to the administration of the Plan are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in the fair value of investments.

***Date of Management's Review***

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

## 3. *Certified Information*

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by TIAA and Fidelity.

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

## 4. *Fair Value Measurements*

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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

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

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

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

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used as of December 31, 2025 or 2024.

**Guaranteed investment contract:** Invested in fixed annuity contracts and are valued at fair value by TIAA by discounting the related cash flows based on current yields for similar instruments with comparable durations considering the creditworthiness of the issuer (see Note 5).

***Fair Value Measurements, Continued***

**Pooled separate account:** Invested in real estate and real estate-related investments and are valued from the market value of the underlying real estate holdings or other real estate instruments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. These investments held are priced using net asset value ("NAV") of units as determined by TIAA. Unit values are calculated daily. NAV is published on the open market, however, are not publicly traded. NAV is a readily determinable fair value and is the basis for current transactions.

**Registered investment companies:** Invested primarily in mutual funds, including money market funds, and variable annuity contracts. Variable annuity contracts are invested principally in equity securities, fixed-income instruments, and short-term investments.

**Mutual funds:** 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 SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Money market funds are valued at amortized cost.

**Variable annuity contracts:** Valued at NAV of shares, which are valued by the insurance company at the accumulation unit value based on the underlying investments held by the Plan at year-end. NAV is published on the open market, however, are not publicly traded. NAV is a readily determinable fair value and is the basis for current transactions.

**Self-directed brokerage account:** Valued at the daily closing value reported in the active market in which the underlying individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

| Description | Level 1 | Level 2 | Level 3 | 2025 |
|---|---|---|---|---|
| Guaranteed investment contract | | | $ 117,267,533 | $ 117,267,533 |
| Pooled separate account | | $ 17,732,373 | | 17,732,373 |
| Registered investment companies | | | | |
| Mutual funds | $ 415,974,014 | | | 415,974,014 |
| Variable annuity contracts | | 164,640,966 | | 164,640,966 |
| Self-directed brokerage accounts | 4,358,065 | | | 4,358,065 |
| Investments at fair value | $ 420,332,079 | $ 182,373,339 | $ 117,267,533 | $ 719,972,951 |

***Fair Value Measurements, Continued***

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

| Description | Level 1 | Level 2 | Level 3 | 2024 |
|---|---|---|---|---|
| Guaranteed investment contract | | | $ 114,144,839 | $ 114,144,839 |
| Pooled separate account | | $16,692,847 | | 16,692,847 |
| Registered investment companies | | | | |
| Mutual funds | $ 348,201,364 | | | 348,201,364 |
| Variable annuity contracts | | 161,415,579 | | 161,415,579 |
| Self-directed brokerage accounts | 2,899,138 | | | 2,899,138 |
| Investments at fair value | $ 351,100,502 | $ 178,108,426 | $ 114,144,839 | $ 643,353,767 |

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

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

| 2025 Fair Value | 2024 Fair Value | Valuation Technique | Significant Unobservable Inputs | Range |
|---|---|---|---|---|
| $ 117,267,533 | $ 114,144,839 | Discounted cash flow | Risk-adjusted discount rate applied | (*) RA - 3.55% - 6.50%<br>(**) GRA - 3.55% - 6.50% |

(*) Retirement Annuity Contract
(**) Guaranteed Retirement Annuity Contract

**Changes in Fair Value of Level 3 Assets**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfers of financial instruments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based on the nature of the financial instrument and the size of the transfer relative to total net assets available for benefits.

***Fair Value Measurements, Continued***

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2025 or 2024:

| | 2025 Guaranteed Investment Contract | 2024 Guaranteed Investment Contract |
|---|---|---|
| Purchases | $ 21,646,127 | $ 15,074,188 |
| Issuances | (22,079,857) | (22,266,319) |

There were no transfers in and/or out of level 3 assets for the years ended December 31, 2025 and 2024.

## 5. *Guaranteed Investment Contract*

The Plan has a guaranteed investment contract with TIAA. TIAA maintains the contributions in a general account, the TIAA Traditional Annuity. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Any additional interest is not guaranteed. The TIAA Traditional Annuity does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

A portion of the TIAA Traditional Annuity contract is considered non benefit-responsive. These contracts are included in the financial statements at fair value. These contracts are subject to a 10-year withdrawal period. Another portion of the contract is considered fully benefit-responsive. For the portion of the contract that is considered fully benefit-responsive, contract value is the relevant measurement attribute for the statement of net assets available for benefits. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

***Guaranteed Investment Contract, Continued***

The RA contract does not allow lump-sum cash withdrawals, and transfers must be spread over ten annual installments. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is used to purchase an annuity contract and is recorded as a deduction in the statement of changes in net assets available for benefits.

The Plan's ability to receive amounts due depends on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), 2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, 3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or 5) premature termination of the contract. No events are considered probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract value with the Plan and settle at an amount different from contract value. Such events include the following: 1) an uncured violation of the Plan's investment guidelines, 2) a breach of a material obligation under the contract, 3) a material misrepresentation, and 4) a material amendment to the agreement without the consent of the issuer.

## 6. *Related Party/Party-in-Interest Transactions*

The Plan invests in unallocated insurance contracts, annuities, and mutual funds managed by the Plan's custodians and recordkeepers. TIAA and Fidelity are custodians and Reliance Trust Company/DWS Trust Company, Newport Trust Company, and BNY Mellon Investment Management are recordkeepers as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Certain employees and officers of the University, who are also participants in the Plan, perform administrative services to the Plan at no cost to the Plan.

Fiducient Advisors, a financial advisor, provides investment management and consultation services to the Plan and its participants. As a provider of services to the Plan, these transactions qualify as party-in-interest transactions.

***Related Party/Party-in-Interest Transactions, Continued***

TIAA and Fidelity provide certain administrative services to the Plan pursuant to agreements between the University and TIAA and the University and Fidelity. Insurance companies receive revenue from service providers for services provided to the funds. This revenue is used to offset certain amounts owed to them for their administrative services to the Plan. If the revenue received from such service providers exceeds the amount owed under the agreement, the excess is remitted to the Plan. Such amounts may be used to pay Plan administrative expenses or allocated to the accounts of the participants. For the years ended December 31, 2025 and 2024, the excess amount was $7,942 and $4,629, respectively, from TIAA, see Note 8. There were no excess amounts from Fidelity for the years ended December 31, 2025 and 2024. The Plan or Plan sponsor may make a payment to the insurance companies for administrative expenses not covered by revenue sharing.

Pursuant to an agreement between the University and TIAA, the Plan uses a debit/credit approach to level the fees charged to Plan participants. Fee leveling attempts to ensure that all participants pay the same amount of recordkeeping and administrative fees, regardless of the funds in which they invest. For the years ended December 31, 2025 and 2024, total fee leveling credits were $396,890 and $426,884, respectively, see Note 8.

The University is the Plan Sponsor. The Plan Sponsor may pay certain expenses related to the Plan's operations. These transactions qualify as party-in-interest transactions under ERISA.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

## 7. *Tax Status*

The Plan operates under a pre-approved volume submitter plan document sponsored by TIAA. TIAA received a favorable opinion letter from the IRS dated August 7, 2017, stating that the pre-approved plan document is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and currently operating in compliance with the applicable requirements of the IRC, and therefore the Plan and related trust are exempt from federal income taxes under Section 501(a) of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken any uncertain position that may not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expect to be taken that would require recognition of a tax liability (or tax asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however there are currently no audits for any tax periods in progress.

## 8. *Plan Servicing Credits*

The Plan's servicing credits consist of activity relating to the fee-leveling credits and the revenue-sharing account.

*Fee-Leveling Credit Account*

During the year ended December 31, 2025, total credits amounted to $396,890, of which $96,420 was used to pay direct administrative fees and $300,470 was allocated to Plan participants. During the year ended December 31, 2024, total credits amounted to $426,884, of which $89,836 was used to pay direct administrative fees and $337,048 was allocated to Plan participants.

*Revenue-Sharing Account*

The following table summarizes the activity related to the revenue sharing account for the years ended December 31, 2025 and 2024:

| | 2025 | 2024 |
|---|---|---|
| Beginning balance | $ 13,185 | $ 14,608 |
| Credits applied | 7,942 | 4,629 |
| Allocated to participants | (7,348) | |
| Fees | (670) | |
| Investment income and other adjustments | 644 | (6,052) |
| Ending balance | $ 13,753 | $ 13,185 |

## 9. *Risks and Uncertainties*

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

## 10. *Plan Termination*

Although it has not expressed any intent to do so, the University has the right under the Plan to discontinue its contributions at any time and to amend, modify, or terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**11.** ***Reconciliation of Financial Statements to Form 5500***

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2025 and 2024, to Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 769,329,571 | $ 688,227,611 |
| Less: deemed distributions | (90,754) | (81,983) |
| Net assets available for benefits per the Form 5500 | $ 769,238,817 | $ 688,145,628 |

The following is a reconciliation of notes receivable from participants per the financial statements as of December 31, 2025 and 2024, to Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Note receivable from participants per the financial statements | $ 950,631 | $ 787,430 |
| Less: deemed distributions | (90,754) | (81,983) |
| Participant loans per the Form 5500 | $ 859,877 | $ 705,447 |

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2025 and 2024, to Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Benefits paid to participants per the financial statements | $ 45,351,021 | $ 50,540,220 |
| Plus: deemed distributions | 8,771 | 81,983 |
| Benefits paid to participants per the Form 5500 | $ 45,359,792 | $ 50,622,203 |

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 06-0646959**
**Plan: 001**
**December 31, 2025**

| *(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* |
|---|---|---|---|---|
| | | Guaranteed Investment Contract: | | |
| * | TIAA | TIAA Traditional Benefit Responsive | ** | $ 47,082,616 |
| * | TIAA | TIAA Traditional Non Benefit Responsive | ** | 117,267,533 |
| | | | | 164,350,149 |
| | | Pooled Separate Account: | | |
| * | TIAA CREF | Real Estate | ** | 17,732,373 |
| | | | | 17,732,373 |
| | | Registered Investment Companies: | | |
| | | Variable Annuity Contracts | | |
| * | CREF | Stock R2 | ** | 85,838,349 |
| * | CREF | Growth R2 | ** | 34,731,209 |
| * | CREF | Money Market R2 | ** | 2,936,892 |
| * | CREF | Responsible Balanced R2 | ** | 11,959,112 |
| * | CREF | Core Bond R2 | ** | 3,315,262 |
| * | CREF | Global Equities R2 | ** | 12,813,138 |
| * | CREF | S&P 500 Index R2 | ** | 11,545,049 |
| * | CREF | Inflation-Linked Bond R2 | ** | 1,501,955 |
| | | Mutual funds | | |
| | American Funds | American Fds 2010 Tar Ret R6 | ** | 3,276,689 |
| | American Funds | American Fds 2020 Tar Ret R6 | ** | 7,439,970 |
| | American Funds | American Fds 2030 Tar Ret R6 | ** | 21,212,477 |
| | American Funds | American Fds 2040 Tar Ret R6 | ** | 36,174,054 |
| | American Funds | American Fds 2045 Tar Ret R6 | ** | 20,537,221 |
| | American Funds | American Fds 2050 Tar Ret R6 | ** | 16,151,622 |
| | American Funds | American Fds 2015 Tar Ret R6 | ** | 2,411,782 |
| | American Funds | American Fds 2025 Tar Ret R6 | ** | 12,037,301 |
| | American Funds | American Fds 2035 Tar Ret R6 | ** | 22,372,173 |
| | American Funds | American Fds 2055 Tar Ret R6 | ** | 10,449,521 |
| | American Funds | American Fds 2060 Tar Ret R6 | ** | 3,883,795 |
| | American Funds | American Fds 2065 Tar Ret R6 | ** | 85,163 |
| | American Funds | American Fds 2070 Tar Ret R6 | ** | 64,413 |
| | Dodge & Cox | Stock Fund Class X | ** | 8,275,165 |
| | Dodge & Cox | Income Fund - Cl X | ** | 11,215,131 |

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued**
**EIN: 06-0646959**
**Plan: 001**
**December 31, 2025**

| (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 |
|---|---|---|---|---|
| | T.Rowe Price | Growth Stock I | ** | $ 21,866,776 |
| * | Vanguard | Vanguard Extended Mkt Idx Inst | ** | 30,331,485 |
| * | Vanguard | Vanguard Federal Money Mkt Inv | ** | 11,838,353 |
| * | Vanguard | Vanguard Inst Idx Inst | ** | 91,918,014 |
| * | Vanguard | Vanguard Tti Intl Stk Idx Inst | ** | 32,436,148 |
| * | Vanguard | Vanguard Ttl Bd Mkt Idx Inst | ** | 15,456,120 |
| | American Funds | EuroPacific Growth R6 | ** | 10,372,771 |
| | Boston Trust Walden | Balanced Fund | ** | 3,404,005 |
| * | Fidelity | Brokeragelink | ** | 8,863,973 |
| * | Vanguard | 500 Idx Fd Admiral Shs | ** | 4,328,946 |
| * | Vanguard | Balanced Index Fund Admiral Shs | ** | 273,897 |
| * | Vanguard | Cash Reserves Federal Money | ** | 20,061 |
| * | Vanguard | Developed Markets Inx Fd Admiral Shs | ** | 12,652 |
| * | Vanguard | Dividend Growth Fund | ** | 129,214 |
| * | Vanguard | Emerging Markets Stock Index Fund | ** | 281,233 |
| * | Vanguard | Equity Income Fund Admiral Shs | ** | 104,160 |
| * | Vanguard | European Stock Index Fund | ** | 111,117 |
| * | Vanguard | Explorer Fund Admiral Shs | ** | 99,113 |
| * | Vanguard | Extended Market Index Fund | ** | 237,660 |
| * | Vanguard | Federal Money Market Fund | ** | 5,126 |
| * | Vanguard | FTSE Social Index Admiral | ** | 957,432 |
| * | Vanguard | Global Capital Cycles Investor | ** | 142,093 |
| * | Vanguard | GNMA Fund Admiral Shs | ** | 179,257 |
| * | Vanguard | Growth and Income Fund Admiral | ** | 310,584 |
| * | Vanguard | Growth Index Fund Admiral Shs | ** | 318,213 |
| * | Vanguard | Health Care Fund Admiral Shs | ** | 63,788 |
| * | Vanguard | High Dividend Yield Index Fund Adm | ** | 18,567 |
| * | Vanguard | High Yield Corp Fund Admiral Shs | ** | 86,563 |
| * | Vanguard | Inflation Protected Securities Fund | ** | 63,272 |
| * | Vanguard | Target Retirement 2020 Fund | ** | 786,510 |
| * | Vanguard | Target Retirement 2025 Fund | ** | 262,911 |
| * | Vanguard | Target Retirement 2035 Fund | ** | 762,551 |
| * | Vanguard | Target Retirement 2045 Fund | ** | 57,738 |
| * | Vanguard | Intermediate Term Bond Index Fd | ** | 7,634 |
| * | Vanguard | Intermediate Term Inv't Grade Fund Inv | ** | 320 |

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued**
**EIN: 06-0646959**
**Plan: 001**
**December 31, 2025**

| *(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* |
|---|---|---|---|---|
| * | Vanguard | Intermediate Term Inv't Grade Fund Adm | ** | $ 155,452 |
| * | Vanguard | Intermediate Term Treasury Fund | ** | 515 |
| * | Vanguard | Large-Cap Index Fund Admiral Shs | ** | 19,396 |
| * | Vanguard | LifeStrategy 80/20 Investor | ** | 22,813 |
| * | Vanguard | LifeStrategy 60/40 Investor | ** | 106,316 |
| * | Vanguard | LT Treasury Fund Admiral Shs | ** | 39,835 |
| * | Vanguard | Mid-Cap Growth Fund | ** | 9,985 |
| * | Vanguard | Mid-Cap Index Fund Admiral Shs | ** | 9,190 |
| * | Vanguard | Pacific Stock Index Fund Admiral | ** | 15,616 |
| * | Vanguard | PRIMECAP Fund Admiral Shs | ** | 100,043 |
| * | Vanguard | Real Estate Index Fund Admiral Shs | ** | 96,249 |
| * | Vanguard | ST Investment Grade Fund | ** | 65,504 |
| * | Vanguard | ST Treasury Fund Admiral Shs | ** | 2,941 |
| * | Vanguard | Small Cap Growth Index Fund | ** | 145,135 |
| * | Vanguard | Small Cap Index Fund Admiral Shs | ** | 25,798 |
| * | Vanguard | STAR Fund | ** | 119,729 |
| * | Vanguard | Total Bond Market Index Fund Admiral Shs | ** | 15,998 |
| * | Vanguard | Total Stock Market Index Fund A | ** | 758,879 |
| * | Vanguard | Treasury MM Fund | ** | 129,792 |
| * | Vanguard | U.S. Growth Fund Admiral Shs | ** | 564,090 |
| * | Vanguard | Wellesley Income Fund Admiral Shs | ** | 95,368 |
| * | Vanguard | Wellington Fund Admiral Shs | ** | 412,133 |
| * | Vanguard | Windsor Fund Investor Shs | ** | 8,032 |
| * | Vanguard | Windsor Fund Admiral Shs | ** | 39,647 |
| * | Vanguard | Windsor II Fund Admiral Shs | ** | 746,488 |
| * | Vanguard | Target Retirement Income Fund | ** | 8,462 |
| * | DWS Scudder | Global Macro S | ** | 265 |
| * | DWS Scudder | Croci US S | ** | 4,284 |
| * | DWS Scudder | U.S. Treasury Money S | ** | 5,162 |
| * | DWS Scudder | International Opps S | ** | 216 |
| * | DWS Scudder | Short Duration S | ** | 115 |
| * | DWS Scudder | Global Small Cap S | ** | 3,738 |

**WESLEYAN UNIVERSITY**
**RETIREMENT PLAN**

**Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued**
**EIN: 06-0646959**
**Plan: 001**
**December 31, 2025**

| (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 |
|---|---|---|---|---|
| * | DWS Scudder | Real Assets S | ** | $ 92 |
| * | DWS Scudder | Enhanced Core Equity S | ** | 46,889 |
| * | DWS Scudder | GNMA Fund - S | ** | 99 |
| * | DWS Scudder | Small Cap Core Fund - S | ** | 18,913 |
| * | DWS Scudder | Large Cap Focus GR S | ** | 9,902 |
| * | DWS Scudder | Small Cap Growth S | ** | 64,955 |
| * | DWS Scudder | Global Income Bld S | ** | 22,804 |
| * | DWS Scudder | Emerging Markets Equity - S | ** | 23,215 |
| * | DWS Scudder | Multiasset Consrvtv S | ** | 162 |
| * | BNY Mellon | Sustainable US Equity Fund, Class Z | ** | 355,981 |
| * | Dreyfus | Money Market Fund, Wealth Shares | ** | 9,082 |
| | | | | 580,614,980 |
| * | TIAA-CREF | Self-Directed Brokerage Account | ** | 4,358,065 |
| | Participant Loans | Loans (interest ranging from 4.25% to 9.50%) | -0- | 859,877 |
| | | | | $ 767,915,444 |

* Related party/party-in-interest.
** All account balances are participant directed, cost not included.
-0- Cost not included.

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210 - 0110
1210 - 0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

## Part II Basic Plan Information - enter all requested information

**1a** Name of plan
WESLEYAN UNIVERSITY RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1974

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WESLEYAN UNIVERSITY

55 HIGH STREET

MIDDLETOWN CT 06457-3401

**2b** Employer Identification Number (EIN) 06-0646959

**2c** Plan Sponsor's telephone number

**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.

| | | | |
|---|---|---|---|
| SIGN HERE | Andrew Tanaka (Oct 14, 2026 11:18:26 EDT) | 10/14/2026 | ANDREW Y. TANAKA-READER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**Form 5500 (2025)**
**v. 250312**

# Wesleyan Retirement Plan 2025 Form 5500 & 8955 Signature Pages

Final Audit Report 2026-10-14

| | |
|---|---|
| Created: | 2026-10-14 |
| By: | Brooke Darling (bdarling@mass-cpa.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAPQYka5HkRU522BSNyBi9cl82Ih_EoGIO |

## "Wesleyan Retirement Plan 2025 Form 5500 & 8955 Signature Pages" History

Document created by Brooke Darling (bdarling@mass-cpa.com)
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Signature Date: 2026-10-14 - 3:18:26 PM GMT - Time Source: server - Signature Appearance Selected: DRAW

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