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:
- [X] 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
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1961

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)
WOLTERS KLUWER UNITED STATES, INC.

2700 LAKE COOK ROAD
RIVERWOODS, IL 60015-3867

2b Employer Identification Number (EIN) 13-3577870

2c Plan Sponsor's telephone number 847-580-5000

2d Business code (see instructions) 511130

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.	10/15/2026	ERIC RECORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	LISA VILAVERDE
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1425
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)**	227
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

1A 1I 3H

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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [X] **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
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLTERS KLUWER UNITED STATES, INC.

D Employer Identification Number (EIN)
13-3577870

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
PACIFIC LIFE

(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
95-3769814	97268	G-28209.01.0001	0	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

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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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.	6d	

Specify nature of costs ▶

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	68967707
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	68967707
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	68241550		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	726157		
	▶ CHANGE IN CONTRACT VALUE				
	(5) Total deductions			7e(5)	68967707
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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)**	0
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)**	0
(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)**	0
(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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WOLTERS KLUWER UNITED STATES, INC.

D Employer Identification Number (EIN)
13-3577870

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	70106337
b Actuarial value	**2b**	71727707

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	482	37164086	37164086
b For terminated vested participants	716	21641366	21641366
c For active participants	227	6784126	6869772
d Total	1425	65589578	65675224

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	244002
c Target normal cost	**6c**	244002

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/14/2026
Date

JON E. HAMBERG
Type or print name of actuary

26-06624
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755
PO BOX 551343
ATLANTA, GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	23144665
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1385570
9	Amount remaining (line 7 minus line 8)	0	21759095
10	Interest on line 9 using prior year's actual return of -1.76 %	0	-382960
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.04 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	3000000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	18376135

Part III Funding Percentages

14	Funding target attainment percentage	14	81.23 %
15	Adjusted funding target attainment percentage	15	108.95 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.59 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	244002
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	12323652	535886
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	779888

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	779888	779888

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLTERS KLUWER UNITED STATES, INC.

D Employer Identification Number (EIN)
13-3577870

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	612360	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	74705	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	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
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WOLTERS KLUWER UNITED STATES, INC.

D Employer Identification Number (EIN)
13-3577870

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: NT COLTV SHORT-TERM INVT FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-084	C	87675

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
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLTERS KLUWER UNITED STATES, INC.

D Employer Identification Number (EIN)
13-3577870

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	522167	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)	616463	87675
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	68967707	0
(15) Other	1c(15)		

		(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	70106337	87675
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	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	70106337	87675

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15731
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		
c Other income	2c		6020855
d Total income. Add all **income** amounts in column (b) and enter total	2d		6036586
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7050534	
(2) To insurance carriers for the provision of benefits	2e(2)	68241550	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		75292084
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
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)	74705	
(7) Actuarial fees	2i(7)	612360	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	76099	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		763164
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		76055248
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-70018662
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) [X] 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) [X] 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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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		5000000
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**			
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**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584694.

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
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLTERS KLUWER UNITED STATES, INC.

D Employer Identification Number (EIN)
13-3577870

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** 0

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

EIN(s): 36-3046063

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** 68

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 100.0 % Other: 0.0 %

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_____.

Financial Statements and Report of Independent Certified Public Accountants

Wolters Kluwer CCH, Springhouse and Waverly Pension Plan

December 31, 2025 (in liquidation)
and 2024 (ongoing)

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Wolters Kluwer CCH, Springhouse and Waverly Pension 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 (in liquidation) and 2024 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing), and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 (in liquidation) and 2024 (ongoing), and for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing), stating that the certified investment information, as described in Note G to the financial statements, is complete and accurate.

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

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

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

Emphasis of matter
As described in Notes A and B to the financial statements, on March 27, 2025, the Board of Directors of Wolters Kluwer U.S. Corporation, the Plan's sponsor, approved the termination of the Plan, and management determined liquidation is imminent. Accordingly, the Plan has changed its basis of accounting from the going concern basis used in presenting the Plan's 2024 financial statements to the liquidation basis used in presenting the Plan's 2025 financial statements. Our opinion is not modified with respect to this matter.

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.

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

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

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

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

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

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

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

Other matter - supplemental schedules required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Grant Thornton LLP

Boston, Massachusetts
October 15, 2026

Wolters Kluwer CCH, Springhouse and Waverly Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025 (in liquidation)	2024 (ongoing)
ASSETS		
Non-interest bearing cash	$ -	$ 522,167
Investments, at fair value	87,675	69,584,170
Receivables		
Accrued interest income in liquidation	5,600	-
Annuity contract refund in liquidation	484,530	-
Total receivables	490,130	-
Total assets	577,805	70,106,337
LIABILITIES		
Accrued expenses in liquidation	142,400	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 435,405	$ 70,106,337

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

Wolters Kluwer CCH, Springhouse and Waverly Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2025 (in liquidation)	2024 (ongoing)
Additions		
Investment (loss)/income		
Net depreciation in fair value of investments	$ (1,029,679)	$ (8,516,154)
Funding from annuity contract	7,050,534	7,130,323
Interest income	15,731	59,633
Total additions	6,036,586	(1,326,198)
Deductions		
Transfer of obligations through annuity contract conversion	68,241,550	-
Benefits paid directly to participants	7,050,534	7,250,085
Administrative expenses	763,164	563,675
Total deductions	76,055,248	7,813,760
NET DECREASE	(70,018,662)	(9,139,958)
Adjustments to liquidation basis		
Accrued interest income	5,600	-
Annuity contract refund	484,530	-
Accrued expenses	(142,400)	-
Net assets available for benefits (ongoing)		
Beginning of year	70,106,337	79,246,295
End of year		$ 70,106,337
Net assets available for benefits (in liquidation)		
End of year	$ 435,405	

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

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Wolters Kluwer CCH, Springhouse and Waverly Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all employees hired prior to December 31, 1995, of CCH, Inc. and certain wholly owned subsidiaries, including CT Corporation System, CCH Legal Information Services, Inc. and its subsidiaries, CCH Computax, Inc. and former eligible employees of certain divested businesses, except for those employees covered by a collective bargaining agreement that does not provide for participation in the Plan. The Plan also covers substantially all full-time employees hired prior to July 1, 1999, of Springhouse Corporation and substantially all full-time employees hired prior to January 1, 1997, of Waverly, Inc. Collectively, the companies listed here are referred to as the Company.

Effective December 31, 1996, the Plan was amended to freeze benefit accruals and participation to employees participating in the former CCH Consolidated Pension Plan. No employee hired after December 31, 1995, may participate in the former plan, and existing participants did not accrue additional benefits after December 31, 1996. Effective December 31, 2000, the Plan was amended to freeze benefit accruals and participation to employees participating in the former Springhouse Corporation Pension Plan and former Waverly, Inc. Pension Plan. No credited service after December 31, 2000, is included in calculating benefit accruals.

Effective as of the close of business on December 31, 2004, the Springhouse Corporation Pension Plan and the Waverly, Inc. Pension Plan were merged into the Plan, at the time known as the CCH Consolidated Pension Plan. Effective January 1, 2006, the Plan was amended and restated, and renamed the Wolters Kluwer CCH, Springhouse and Waverly Pension Plan. The respective benefit formulas and accumulated service of the former plans continue under the Plan for the former participants of the merged plans.

The board of directors of Wolters Kluwer U.S. Corporation controls and manages the operation and administration of the Plan. Effective March 1, 2006, The Northern Trust Company (Northern Trust) was appointed sole trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

In 2022, the Plan purchased a group annuity separate account contract from Pacific Life Insurance Company (Pacific Life) for approximately $94,434,500, net of refunds. This transaction represents an annuity buy-in under which the Plan retains both the fair value of the annuity contract (within plan assets) and the pension benefit obligations related to its participants. Through the contract, Pacific Life provides a commitment to fund future pension payments until all plan obligations have been satisfied. This is a single premium, nonparticipating contract.

Plan Termination

On March 27, 2025, the Board of Directors of Wolters Kluwer U.S. Corporation authorized the termination of the Wolters Kluwer CCH, Springhouse and Waverly Pension Plan. Pursuant to such authorization, the Plan was amended, restated, and formally terminated effective June 7, 2025 (the Termination Date). In conjunction with amending the Plan, management determined that liquidation was imminent. Upon termination, all affected participants became fully vested in their accrued benefits to the extent funded in accordance with the provisions of the Plan.

In connection with the Plan termination, the Plan settled all remaining benefit obligations during 2025 through lump sum distributions and the conversion of the Plan's annuity contract from a buy-in to a buy-out. As such, approximately $68,240,000 (the contract value as of the conversion date) was transferred to Pacific Life on December 1, 2025. As a result of the conversion, the contract value was reduced to zero, and the insurer became responsible for future benefit payments to the affected participants. There was no change to the pension benefits payable to participants whose obligations were transferred to the insurer.

The following paragraph describes the policies applicable to the Plan prior to its termination.

Pension Benefits

Participants with five years of credited service, as defined by the Plan, are entitled to pension benefits upon retirement. Pension benefits are provided to participants under several types of options based on credited service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

As a result of the Plan termination, the liquidation basis of accounting was used for the year ended December 31, 2025. The going concern (or ongoing) basis of accounting was used for the year ended December 31, 2024. The difference between the accrual basis of accounting (ongoing basis) and the liquidation basis of accounting is that the liquidation basis of accounting requires assets be revalued to the value expected to be received upon liquidation. Assumptions used in the determination of liabilities are revalued under the terms of the liquidation, and income and expense expected to be earned and incurred through the date of liquidation are estimated and accrued as of the end of the reporting period.

Management has made the following considerations with respect to the liquidation of the Plan's assets and liabilities.

Under the liquidation basis of accounting, the Plan is required to accrue income and expenses expected to be earned and incurred through the date of liquidation. Management has recorded accrued interest income, an annuity contract refund, and accrued expenses of $5,600, $484,530, and $142,400, respectively, on the statements of net assets available for benefits as of December 31, 2025 (in liquidation) with corresponding adjustments on the statements of changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation).

The assets held as of December 31, 2025, represent a fair estimate of the value expected to be received upon disposition of the assets in liquidation. The determination was made based on the relative risk and liquidity of the assets held as well as the expected terms of the related dispositions. Management expects the disposition of the remaining assets to be conducted in an orderly manner. Management will settle the remaining liabilities of the Plan with the proceeds from the disposition plan assets. Any residual amount will be transferred to a qualified replacement plan. Management expects the full liquidation of the Plan to be completed in 2026.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Risks and Uncertainties

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

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

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan as provided in the Plan document.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Prior to the conversion to the buy-out, under the provisions of the contract with Pacific Life, they will make payments to the Plan each month to fund the monthly benefits for participants covered by the contract. This amount is sent to the Plan's trust account at Northern Trust, and then is paid from the trust account to the participants.

NOTE C - FAIR VALUE MEASUREMENTS

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. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels as follows:

Level 1 - Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access.

Level 2 - Inputs (other than quoted prices included within Level 1) that are observable for the asset or liability, either directly or indirectly.

Level 3 - Inputs are unobservable inputs for the asset or liability and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability. (The unobservable inputs should be developed based on the best information available in the circumstances and may include the Company's own data.)

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

However, the determination of what constitutes observable requires judgment by the Plan's management. Plan management considers observable data to be market data that is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by multiple independent sources that are actively involved in the relevant market. The categorization of an investment within the fair value hierarchy is based on the pricing transparency of the investment and does not necessarily correspond to Plan management's perceived risk of that investment.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Collective trust fund - Valued at the quoted net asset value of shares held by the Plan at year end, which is obtained from the Trustee. The sole investment in this category is a money market fund which is considered to be highly liquid.

Group annuity contract - Valued at the aggregate discounted cash flows of all expected payments. The discount rate utilized is a mix of market rates and a rate defined in the contract. Expected payments takes into consideration all applicable information provided on an on-going basis regarding participant data and other demographic assumptions as reasonably determined by Pacific Life, that are relevant to the contract value. Pacific Life maintains a separate account in connection with this contract.

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

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

	2025			
	Level 1	Level 2	Level 3	Total
Collective trust fund	$ 87,675	$ -	$ -	$ 87,675

	2024			
	Level 1	Level 2	Level 3	Total
Collective trust fund	$ 616,463	$ -	$ -	$ 616,463
Group annuity contract	-	-	68,967,707	68,967,707
Total investments, at fair value	$ 616,463	$ -	$ 68,967,707	$ 69,584,170

There were no assets measured on a nonrecurring basis as of December 31, 2025 or 2024.

Changes in Fair Value of Level 3 Asset

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 the transfer of financial instruments from one fair value level to another. There were no transfers of investments in or out of Level 3 during the years ended December 31, 2025 or 2024. As part of the Plan termination, the buy-in group annuity contract was converted to a buy-out. This resulted in the removal of the asset from the Plan.

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

As the corresponding asset was not in the Plan at period end, there is no quantitative information about significant unobservable inputs as of December 31, 2025.

The following table summarizes quantitative information about significant unobservable inputs used to determine the fair value on a recurring basis of the Level 3 investment as of December 31, 2024:

Principal Valuation Technique	Significant Unobservable Inputs	Significant Input Values
Discounted cash flow	Discount rate	3.88%
	Duration (years)	10.63
	Participant demographics	Varies based on actual mortality and benefit elections

NOTE D - PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered to the Company's participating subsidiaries as of the valuation date (or freeze date as applicable). Accumulated plan benefits include benefits expected to be paid to employees or their beneficiaries upon retirement, death, disability or termination. Accumulated plan benefits for plan participants are based on census data and the plan provisions in effect at the beginning of the Plan year for the respective component programs. Benefits payable upon retirement, death, disability, or withdrawal are included to the extent that they are deemed attributable to employee service rendered as of the valuation date (or freeze date as applicable).

As all Plan benefits were paid in 2025, the accumulated plan benefits as of December 31, 2024 are based substantially on the disbursements to participants from the Plan for the year ended December 31, 2025. These distributions include approximately $7,050,000 in monthly annuities and lump sums through December 1, 2025 and the approximately $68,240,000 transfer of obligations through the conversion of the annuity contract to a buy-out. Given this information, no separate statement of accumulated plan benefits or statement of changes in accumulated plan benefits is presented in these financial statements.

NOTE E - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Northern Trust is the trustee as defined by the Plan. Certain Plan investments are shares of funds managed by Northern Trust. These transactions qualify as exempt party-in-interest transactions.

Wolters Kluwer U.S. Corporation provides certain accounting and administrative services to the Plan for which it receives no compensation.

NOTE F - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated June 16, 2017, that the Plan and the related trust were designed in accordance with applicable Internal Revenue Code ("IRC") requirements. The Plan has been amended since receiving the determination letter; however, the Company and the Plan Administrator believe that the Plan is currently designed and being operated, in all material respects, in compliance with the applicable requirements of the IRC, and that the Plan is tax exempt. No provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

On February 23, 2026, the Plan received a favorable determination letter from the IRS regarding the Plan's termination, indicating that the termination did not adversely affect the Plan's qualified status.

NOTE G - CERTIFIED INFORMATION

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust, the trustee of the Plan, and Pacific Life, an insurance entity, have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Non-interest bearing cash and investments, at fair value as shown in the statements of net assets available for benefits as of December 31, 2025 (in liquidation) and 2024 (ongoing).
- Interest income, as shown in the statements of changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation).
- Investment (loss)/income, as shown in the statements of changes in net assets available for benefits for the year ended December 31, 2024 (ongoing).
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2025.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2025, except for the single transaction in excess of 5%.

NOTE H - RECONCILIATION OF PLAN'S FINANCIAL STATEMENTS TO FORM 5500

Liquidation estimates are not reported on Form 5500. The following is a reconciliation of net assets per the financial statements to Form 5500 as of December 31:

	2025	2024
Net assets available for benefits per the financial statements	$ 435,405	$ 70,106,337
Add:		
Accrued expenses in liquidation	142,400	-
Deduct:		
Accrued interest income in liquidation	(5,600)	-
Annuity contract refund in liquidation	(484,530)	-
Net assets per Form 5500	$ 87,675	$ 70,106,337

NOTE I - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2025 financial statements for subsequent events through October 15, 2026, the date the financial statements were available to be issued. Except for the receipt of the determination letter discussed in Note F, no other events were identified requiring disclosure.

SUPPLEMENTAL SCHEDULES

Wolters Kluwer CCH, Springhouse and Waverly Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EIN: 13-3577870, PN: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Northern Trust Collective Short Term Investment Fund	Collective trust fund	$ 87,675	$ 87,675

* Represents a party-in-interest.

Wolters Kluwer CCH, Springhouse and Waverly Pension Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

EIN: 13-3577870, PN: 001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity Date in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Single transaction in excess of 5%								
Pacific Life	Group annuity contract	$ -	$ 68,241,550	$ -	$ -	$ 94,651,684	$ 68,241,550	$ (26,410,134)
Single security series of transactions in excess of 5%								
Northern Trust Collective Short Term Investment Fund	Collective trust fund	$ 5,193,775	$ -	$ -	$ -	$ 5,193,775	$ 5,193,775	$ -
Northern Trust Collective Short Term Investment Fund	Collective trust fund	$ -	$ 5,722,563	$ -	$ -	$ 5,722,563	$ 5,722,563	$ -

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
EIN: 13-3577870 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54		22	13							
55-59		33	24	8						
60-64		23	34	21	5					
65-69		9	13	10	3	3				
70+			3	1	2					

N-227

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
EIN: 13-3577870 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	25% life annuity 70% lump sum 5% joint and 50% survivor annuity
Lump Sum Conversion Interest Rate	Same as funding interest rates.
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums.
Retroactive annuity interest crediting rate	4.54%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Former CCH: See Table 2 Former Springhouse: Age 64 Former Waverly: Age 62
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 3.
Disability Rates	None
Decrement Timing	Beginning of year decrements.

Surviving Spouse Benefit	It is assumed that 60% of males and 55% of females are married. Female employees are assumed to be two years younger than their male spouses and male employees are assumed to be three years older than their female spouses.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	5.30%
2024 Plan Year	4.81%
2025 Plan Year	5.30%
Trust Expenses Included in Target Normal Cost	$244,002. The prior year's actual administrative expenses. To reflect the short 2025 plan year, the expenses were prorated by a factor of 158/365.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates—Actives

Age	Rate
55	10.00%
56	5.00%
57	5.00%
58	10.00%
59	5.00%
60	5.00%
61	10.00%
62	15.00%
63	20.00%
64	20.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Table 2

Retirement Rates—Deferred Vesteds—CCH

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	5.00%
59	5.00%
60	7.50%
61	5.00%
62	10.00%
63	5.00%
64	35.00%
65	55.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
25	15.00%	45	2.75%
26	15.00%	46	2.75%
27	15.00%	47	2.75%
28	15.00%	48	2.75%
29	15.00%	49	2.75%
30	10.00%	50	3.50%
31	10.00%	51	3.50%
32	10.00%	52	3.50%
33	10.00%	53	3.50%
34	10.00%	54	3.50%
35	7.50%	55+	7.00%
36	7.50%		
37	7.50%		
38	7.50%		
39	7.50%		
40	2.75%		
41	2.75%		
42	2.75%		
43	2.75%		
44	2.75%		

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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
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1961

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)

WOLTERS KLUWER UNITED STATES, INC.

2700 LAKE COOK ROAD

RIVERWOODS IL 60015-3867

2b Employer Identification Number (EIN) 13-3577870

2c Plan Sponsor's telephone number 847-580-5000

2d Business code (see instructions) 511130

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	Eric Record	10/15/2026	ERIC RECORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Lisa V Vilaverde	10/15/2026	LISA VILAVERDE
	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

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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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1,425
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)**	227
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

1A 1I 3H

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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [X] **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)

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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_____

Wolters Kluwer CCH, Springhouse and Waverly Pension Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

EIN: 13-3577870, PN: 001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity Date in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Single transaction in excess of 5%								
Pacific Life	Group annuity contract	$ -	$ 68,241,550	$ -	$ -	$ 94,651,684	$ 68,241,550	$ (26,410,134)
Single security series of transactions in excess of 5%								
Northern Trust Collective Short Term Investment Fund	Collective trust fund	$ 5,193,775	$ -	$ -	$ -	$ 5,193,775	$ 5,193,775	$ -
Northern Trust Collective Short Term Investment Fund	Collective trust fund	$ -	$ 5,722,563	$ -	$ -	$ 5,722,563	$ 5,722,563	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
WOLTERS KLUWER CCH, SPRINGHOUSE AND WAVERLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WOLTERS KLUWER U.S. CORPORATION

D Employer Identification Number (EIN)
13-3577870

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	70,106,337
b Actuarial value	**2b**	71,727,707

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	482	37,164,086	37,164,086
b For terminated vested participants	716	21,641,366	21,641,366
c For active participants	227	6,784,126	6,869,772
d Total	1,425	65,589,578	65,675,224

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	244,002
c Target normal cost	**6c**	244,002

Statement by Enrolled Actuary

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

SIGN HERE

Jon E. Hamberg JH
Signature of actuary

08/14/2026
Date

Jon E. Hamberg
Type or print name of actuary

2606624
Most recent enrollment number

Aon Consulting, Inc.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755
PO Box 551343
ATLANTA GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	23,144,665
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,385,570
9	Amount remaining (line 7 minus line 8)	0	21,759,095
10	Interest on line 9 using prior year's actual return of -1.76%	0	-382,960
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.04%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	3,000,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	18,376,135

Part III Funding Percentages

14	Funding target attainment percentage	14	81.23%
15	Adjusted funding target attainment percentage	15	108.95%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.59%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	244,002
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	12,323,652	535,886
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	779,888

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	779,888	779,888

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
EIN: 13-3577870 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	5.00%	0.9000	2.52
57	5.00%	0.8550	2.44
58	10.00%	0.8123	4.71
59	5.00%	0.7310	2.16
60	5.00%	0.6945	2.08
61	10.00%	0.6598	4.02
62	15.00%	0.5938	5.52
63	20.00%	0.5047	6.36
64	20.00%	0.4038	5.17
65	20.00%	0.3230	4.20
66	20.00%	0.2584	3.41
67	20.00%	0.2067	2.77
68	20.00%	0.1654	2.25
69	20.00%	0.1323	1.83
70	100.00%	0.1058	7.41
		Weighted Average	62.35

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
EIN: 13-3577870 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization.
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	25% life annuity 70% lump sum 5% joint and 50% survivor annuity
Lump Sum Conversion Interest Rate	Same as funding interest rates.
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums.
Retroactive annuity interest crediting rate	4.54%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Former CCH: See Table 2 Former Springhouse: Age 64 Former Waverly: Age 62
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 3.
Disability Rates	None
Decrement Timing	Beginning of year decrements.

Surviving Spouse Benefit	It is assumed that 60% of males and 55% of females are married. Female employees are assumed to be two years younger than their male spouses and male employees are assumed to be three years older than their female spouses.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	5.30%
2024 Plan Year	4.81%
2025 Plan Year	5.30%
Trust Expenses Included in Target Normal Cost	$244,002. The prior year's actual administrative expenses. To reflect the short 2025 plan year, the expenses were prorated by a factor of 158/365.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates—Actives

Age	Rate
55	10.00%
56	5.00%
57	5.00%
58	10.00%
59	5.00%
60	5.00%
61	10.00%
62	15.00%
63	20.00%
64	20.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Table 2

Retirement Rates—Deferred Vesteds—CCH

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	5.00%
59	5.00%
60	7.50%
61	5.00%
62	10.00%
63	5.00%
64	35.00%
65	55.00%
66	15.00%
67	15.00%
68	15.00%
69	15.00%
70+	100.00%

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
25	15.00%	45	2.75%
26	15.00%	46	2.75%
27	15.00%	47	2.75%
28	15.00%	48	2.75%
29	15.00%	49	2.75%
30	10.00%	50	3.50%
31	10.00%	51	3.50%
32	10.00%	52	3.50%
33	10.00%	53	3.50%
34	10.00%	54	3.50%
35	7.50%	55+	7.00%
36	7.50%		
37	7.50%		
38	7.50%		
39	7.50%		
40	2.75%		
41	2.75%		
42	2.75%		
43	2.75%		
44	2.75%		

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
EIN: 13-3577870 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

CCH Consolidated Pension Plan

Effective December 31, 2004, the Springhouse and Waverly Pension Plans were merged into the CCH Pension Plan. Effective January 1, 2005, the CCH Plan was amended and restated in the form of the new combined plan.

Effective Date	The original plan became effective January 1, 1961. Participation and benefit accruals were frozen effective December 31, 1996.
Plan Year	The plan year is the calendar year.
Eligibility	Full-time or part-time employee of a CCH Company that participated in the plan as of December 31, 1996, except for anyone who is (a) subject to a collective bargaining agreement that does not expressly provide for his participation, or (b) an independent contractor.
Participants	An employee will become a participant on the earlier of the first day of the month following the 12-month period beginning on the date of his employment or at the end of any plan year beginning on the date of hire in which he employee completed at least 1,000 hours of service. Anyone included in the prior plan immediately before the effective date shall continue to be a participant. The plan was closed to new participants effective December 31, 1996.
Normal Retirement	
Eligibility	Age 65 and five years of plan participation.
Monthly Benefit	(1) The greater of a, b, c, or d below: (a) The sum of i + ii: (i) 1.2% of the participant's final average monthly compensation multiplied by his past service plus 1.1% of his final average monthly compensation multiplied by his future service plus 1% of final average monthly compensation multiplied by his years of credited service in excess of 25 years.

(ii) 0.65% of the excess of the participant's final average monthly compensation over his covered compensation multiplied by his years of credited service up to but not exceeding 25 years.

(b) The sum of i + ii:

(i) The participant's accrued benefit as of December 31, 1988 plus 1.1% of the participant's final average monthly compensation multiplied by his future service up to, but not in excess of, 25 years plus 1% of his final average compensation multiplied by his years of credited service in excess of 25 to the extent completed after December 31, 1988.

(ii) 65% of the excess if any, of the participant's final average compensation over his covered compensation multiplied by his years of credited service completed after December 31, 1988 up to but not exceeding the lesser of (1) 25 and (2) 35 minus past service.

(c) In the case of a participant described in Section 414(a)(1)(B) of the Internal Revenue Code, his accrued benefit as of December 31, 1988, and in the case of each other participant, his accrued benefit as of March 31, 1990.

(d) Except for a deferred vested benefit, $15 multiplied by his years of credited service.

(2) For Facts on File employees, their monthly pension on a single-life basis is the greater of:

(a) 70% of the amount determined in 2(b).

(b) Their prior plan formula which becomes frozen as of December 31, 1985 with no further benefit increases.

Rule of 90 Retirement

Eligibility	Age 55 and the sum of age and service of at least 90.
Monthly Benefit	Unreduced normal retirement benefit prior to age 65 except for the excess component of the normal retirement benefit.

Early Retirement

Eligibility	Age 55 and 10 years of vesting service.
Monthly Benefit	An early retiree shall receive a monthly benefit computed in the same manner as a normal retirement benefit but based on the participant's credited service at the time of termination. Further, this benefit will be reduced by 4% for each year that payments commence after age 60 and prior to age 65 and 6% for each year that payments commence after age 55 and prior to age 60. However, the excess component of the normal retirement pension will be reduced as follows for early retirement:

Age of Participant	Reduction Factor
64	0.923
63	0.846
62	0.769
61	0.730
60	0.692
59	0.653
58	0.615
57	0.576
56	0.529
55	0.486

Vested Termination Benefits

Eligibility	Five years of vesting service.
Monthly Benefit	A vested participant who terminates shall be entitled to receive the actuarial equivalent of his accrued benefit starting at age 55. The accrued benefit is computed in the same manner as a normal retirement benefit but based on the participant's benefit service at the time of termination.

Preretirement Death

Eligibility	Five years of vesting service and married throughout the one-year period ending on the date of death.
Monthly Benefit	A spouse who survives an active participant who completed less than 10 years of vesting service shall receive a life annuity commencing immediately. The benefit amount will be equal to the survivor portion that the spouse would have received had the participant separated from service on the date of death, deferred payment to age 65, and elected the 50% joint and survivor annuity. The benefit is reduced for early commencement. A spouse who survives an active participant who completed at least 10 years shall receive a life annuity commencing immediately. The benefit amount will be equal 50% of the unreduced accrued benefit that would have been payable to the participant had he or she retired immediately prior to his or her death. A spouse who survives a terminated vested participant shall receive a life annuity commencing at the later of the date of death or the first day of the month after the participant would have attained age 55. The benefit amount will be equal to the survivor portion of the 50% joint and survivor annuity reduced for early commencement.
Normal Form of Benefits	An unmarried participant shall receive a single life annuity. Married participants will receive a 50% joint and survivor annuity unless another form is elected.
Optional Form of Benefits	100%, 75% or 50% joint and survivor options. A participant eligible to receive a normal, Rule of 90, or early retirement pension may elect a lump-sum option.

Definitions

Actuarial Equivalence	8.00% interest rate and the UP-1984 Mortality Table.
Vesting Service	A covered employee shall accrue a year of vesting service after completing 12 months in which an hour of employment occurs.
Credited Service	A covered employee shall accrue a year of credited service after completing 12 months in which an hour of employment occurs. Credited service accruals were frozen effective December 31, 1996.

Compensation	Includes salary, overtime, bonuses, commissions, and similar payments..
Final Average Compensation	The highest annual earnings for the 60 consecutive months within the last 120 months of employment divided by 60. Compensation is limited to $220,000 (indexed beginning in 2002) as required.
Covered Compensation	The 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security normal retirement age.
CCH Companies That Participated in Plan	Commerce Clearing House, Inc. (the “Company”) and any subsidiary or affiliated corporation adopting the plan with the Company's consent. As of January 1, 1976, Commerce Clearing House, Inc. (New Jersey) and State Capital Information Service, Inc. had also adopted the plan. As of January 1, 1981, the Washington Service Bureau had also adopted the plan. As of January 1, 1982, National Quotation Bureau, Inc.; Computax, Inc.; Computax Systems, Inc.; C T Law Technology, Inc.; and C T Corporation System have adopted the plan. As of February 15, 1985, Facts on File, Inc. adopted the plan. As of October 1, 1988, Accutax adopted the plan. As of January 1, 1989, Computax-TLS adopted the plan. As of January 1, 1990, Computax-TXX adopted the plan. As of January 1, 1993, McCord and Trademark adopted the plan.

Springhouse Corporation Pension Plan

Effective Date	January 1, 1982.
Eligibility for Participation	Age 21 and the completion of one year of service. Effective December 31, 2000, the plan was frozen and no new participants may enter the plan.
Normal Retirement	
Eligibility	Age 65 and five years of vesting service.
Monthly Benefit	0.585% of the first $12,000 of final average earnings in effect as of December 31, 1981, plus 1.17% of final average earnings in effect as of December 31, 1981 in excess of $12,000, times years of credited service prior to January 1, 1982; plus 1.17% of the first $30,000 of compensation plus 2.34% of compensation in excess of $30,000, times years of credited service completed after December 31, 1981 and prior to January 1, 1989; plus 1.5% of compensation up to the covered compensation for each year of credited service completed after December 31, 1988, plus 2.15% of compensation in excess of covered compensation for each year of credited service completed after December 31, 1988 up to 35 years. All benefit accruals ceased on December 31, 2000.
Early Retirement	
Eligibility	Age 55 and 10 years of vesting service.
Monthly Benefit	Normal retirement benefit reduced by ⅔% for each of the first 36 months by which the annuity starting date precedes the participant's normal retirement date, and ⅓% for each such month in excess of 36.
Late Retirement	
Eligibility	The date after a participant's normal retirement on which the participant elects to retire.
Monthly Benefit	The greater of the normal retirement benefit actuarially increased or the benefit accrued as of the late retirement date.
Vested Termination	
Eligibility	Five years of vesting service. All participants who were actively employed as of December 31, 2000 are 100% vested.

Monthly Benefit	A vested participant who terminates shall be entitled to receive the reduced accrued benefit starting at age 55. The accrued benefit is computed in the same manner as a normal retirement benefit but based on the participant's benefit service at the time of termination. Benefit is reduced using the early retirement reduction factors.
Preretirement Death	
Prior to Earliest Retirement Date	If a vested participant (active or terminated) dies prior to the earliest retirement date, the amount of the monthly benefit payable to the participant's spouse for the remainder of the spouse's lifetime would be 50% of the monthly benefit calculated as if the participant had separated from service on the date of his death, survived and retired on his earliest retirement date having elected the 50% joint and survivor benefit form.
After Earliest Retirement Date	The amount of the monthly benefit payable to the participant's spouse, for the remainder of the spouse's lifetime would be 50% of the benefit payable to the participant, if the participant had retired on the day of his death and elected the 50% joint and survivor benefit form.
Normal Form of Benefits	An unmarried participant shall receive a single life annuity. Married participants will receive a 50% joint and survivor annuity unless another form is elected.
Optional Form of Benefits	100%, 75% or 50% joint and survivor options; 10 years certain and continuous annuity, lump sum.
Definitions	
Actuarial Equivalence	7.00% interest rate and the 1971 Group Annuity Mortality Table.
Vesting Service	A covered employee shall accrue a year of vesting service for each plan year during which the employee completes 1,000 hours of service.
Credited Service	A covered employee shall accrue a year of credited service for each plan year during which the employee completes 1,000 hours of service.
Compensation	Includes salary, overtime, bonuses, commissions, and similar payments.
Covered Compensation	The 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security normal retirement age.

Waverly Inc., Pension Plan

Effective Date	January 1, 1954.
Eligibility for Participation	Employees enter the plan on January 1 or July 1 next following the completion of one year of employment. No employee will enter the plan after December 31, 2000.
Normal Retirement	
Eligibility	Age 65.
Monthly Benefit	Benefits were frozen as of December 31, 2000. One twelfth of (a) plus (b) plus (c): (a) 0.90% of past service earnings up to $10,000 plus 1.60% of past service earnings in excess of $10,000 for each year of service prior to January 1, 1984; plus (b) 1.50% of earning up to the Social Security taxable wage base, plus 2.50% of earnings in excess of the Social Security taxable wage base for each year of service accrued after January 1, 1984 and prior to January 1, 1989; plus (c) 1.50% of earnings plus 0.65% of earnings in excess of covered compensation for each year of service accrued after January 1, 1989 and prior to December 31, 2000. All benefit accruals ceased on December 31, 2000.
Early Retirement	
Eligibility	Age 55 for employees hired prior to 1976 and age 55 with five years of service for employees hired during or after 1976.
Monthly Benefit	The accrued benefit as of early retirement date. The benefit shall be reduced ¼% for each month the payments commence prior to normal retirement date. The excess portion of the benefit shall be reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years the payments commence prior to the normal retirement date.
Disability Retirement	
Eligibility	After five years of service, if deemed to be totally and permanently unable to perform duties in the opinion of the Plan Administrator.

Monthly Benefit	The accrued benefit as of disability retirement date calculated as for early retirement. If benefits commence prior to age 55, payments shall be actuarially reduced for each year prior to 55.
Vested Termination	
Eligibility	Five years of vesting service.
Monthly Benefit	A vested participant who terminates shall be entitled to receive the reduced accrued benefit starting at age 55. The accrued benefit is computed in the same manner as a normal retirement benefit but based on the participant's benefit service at the time of termination. Benefit is reduced by 3.00% for each year prior to the normal retirement. The excess portion of benefit is reduced by 6.67% for each year prior to normal retirement for the first five years and by 3.33% for the next five years..
Preretirement Death	
Before Early Retirement Age	In the event of death after completing five years of service, the surviving spouse, if any, will receive a benefit equal to 50% of the benefit payable to the employee as if the employee left service on the date of death, survived to the earliest retirement age and then retired on the next day with a 50% joint and survivor annuity. The benefit is payable from the date the employee would have retired under this assumption. The survivor benefit also applies to employees who terminated service with a deferred vested benefit.
After Early Retirement Age	In the event of death after attaining early retirement age, the surviving spouse, if any, will receive a benefit equal to 50% of the benefit payable to the employee as if retirement had occurred on the date of death and the employee elected a 50% joint and survivor annuity.
Normal Form of Benefits	An unmarried participant shall receive a single life annuity. Married participants will receive a 50% joint and survivor annuity unless another form is elected.
Optional Form of Benefits	100%, 75%, 66⅔% or 50% joint and survivor options; 5, 10, 15, and 20 years certain and continuous annuity; age 62 level income option; lump sum.

Employee Contributions	Prior to January 1, 1978, participants were required to contribute to the plan in order to receive benefit accruals. These contributions are credited with interest each year. Each participant who made contributions is entitled to the benefit resulting from the contributions plus interest, as he is always vested in that amount.
Definitions	
Actuarial Equivalence	7.00% interest rate and the 1971 Group Annuity Mortality Table.
Vesting Service	Any plan year during which an employee works 1,000 hours. No service will be accrued after December 31, 2000.
Credited Service	Any plan year during which an employee works 1,000 hours. No service will be accrued after December 31, 2000.
Compensation	Includes salary, premiums, commissions.
Covered Compensation	The 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security normal retirement age.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- The plan was terminated effective June 7, 2025.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

This is the final Schedule SB filing, as the plan terminated effective June 7, 2025. This Schedule SB reflects a short plan year ending June 7, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
EIN: 13-3577870 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on plan assets from 4.81 percent to 5.30 percent.
- Retroactive annuity interest crediting rate was updated to 4.54 percent (the average 30-Year Treasury Securities Interest Rate for a month of November 2024).

Since the change in the non-prescribed assumptions has not decreased the funding shortfall, the approval of the commissioner is not required.

The rationales for selecting each of the prescribed assumptions used in the funding valuation and for the assumption changes summarized above are to comply with regulatory requirements and to best reflect future anticipated plan experience.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
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Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54		22	13							
55-59		33	24	8						
60-64		23	34	21	5					
65-69		9	13	10	3	3				
70+			3	1	2					

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Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
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Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,158,722	4,739,698	4,249,820	10,148,240
2026	904,115	2,480,822	4,049,501	7,434,438
2027	805,414	2,616,281	3,850,218	7,271,913
2028	765,401	2,333,335	3,654,703	6,753,439
2029	706,291	2,126,831	3,464,469	6,297,591
2030	539,396	1,815,001	3,280,056	5,634,453
2031	525,524	1,345,033	3,101,290	4,971,847
2032	411,166	1,299,615	2,926,782	4,637,563
2033	408,106	1,294,356	2,755,685	4,458,147
2034	355,965	962,225	2,589,370	3,907,560
2035	288,661	852,937	2,425,589	3,567,187
2036	266,876	754,994	2,263,803	3,285,673
2037	235,980	674,155	2,103,731	3,013,866
2038	214,362	614,745	1,945,380	2,774,487
2039	198,097	542,610	1,789,037	2,529,744
2040	186,848	519,923	1,635,225	2,341,996
2041	174,255	479,689	1,484,659	2,138,603
2042	158,336	455,396	1,338,208	1,951,940
2043	157,612	426,239	1,196,834	1,780,685
2044	143,452	407,455	1,061,529	1,612,436
2045	136,485	384,992	933,251	1,454,728
2046	129,519	364,587	812,873	1,306,979
2047	122,239	343,519	701,138	1,166,896
2048	114,685	321,877	598,618	1,035,180
2049	106,906	299,768	505,702	912,376
2050	98,966	277,316	422,569	798,851
2051	90,937	254,671	349,178	694,786
2052	82,901	232,010	285,273	600,184
2053	74,942	209,536	230,401	514,879
2054	67,151	187,475	183,954	438,580
2055	59,616	166,065	145,206	370,887
2056	52,419	145,542	113,351	311,312
2057	45,633	126,131	87,551	259,315
2058	39,316	108,028	66,963	214,307
2059	33,514	91,392	50,775	175,681

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	28,255	76,333	38,231	142,819
2061	23,551	62,911	28,645	115,107
2062	19,400	51,139	21,411	91,950
2063	15,787	40,979	16,010	72,776
2064	12,685	32,357	12,010	57,052
2065	10,061	25,162	9,059	44,282
2066	7,871	19,261	6,880	34,012
2067	6,072	14,507	5,264	25,843
2068	4,616	10,745	4,054	19,415
2069	3,455	7,823	3,136	14,414
2070	2,545	5,597	2,429	10,571
2071	1,844	3,932	1,878	7,654
2072	1,312	2,712	1,444	5,468
2073	917	1,835	1,101	3,853
2074	629	1,218	830	2,677

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment	Amortization Installment at 6/7/2025
Shortfall	$ 9,726,711	January 1, 2023	13	$ 999,669	$ 432,734
Shortfall	$ (871,358)	January 1, 2024	14	$ (85,091)	$ (36,834)
Shortfall	$ 3,468,299	January 1, 2025	15	$ 323,386	$ 139,986

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
EIN: 13-3577870 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	5.00%	0.9000	2.52
57	5.00%	0.8550	2.44
58	10.00%	0.8123	4.71
59	5.00%	0.7310	2.16
60	5.00%	0.6945	2.08
61	10.00%	0.6598	4.02
62	15.00%	0.5938	5.52
63	20.00%	0.5047	6.36
64	20.00%	0.4038	5.17
65	20.00%	0.3230	4.20
66	20.00%	0.2584	3.41
67	20.00%	0.2067	2.77
68	20.00%	0.1654	2.25
69	20.00%	0.1323	1.83
70	100.00%	0.1058	7.41
		Weighted Average	62.35

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
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Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,158,722	4,739,698	4,249,820	10,148,240
2026	904,115	2,480,822	4,049,501	7,434,438
2027	805,414	2,616,281	3,850,218	7,271,913
2028	765,401	2,333,335	3,654,703	6,753,439
2029	706,291	2,126,831	3,464,469	6,297,591
2030	539,396	1,815,001	3,280,056	5,634,453
2031	525,524	1,345,033	3,101,290	4,971,847
2032	411,166	1,299,615	2,926,782	4,637,563
2033	408,106	1,294,356	2,755,685	4,458,147
2034	355,965	962,225	2,589,370	3,907,560
2035	288,661	852,937	2,425,589	3,567,187
2036	266,876	754,994	2,263,803	3,285,673
2037	235,980	674,155	2,103,731	3,013,866
2038	214,362	614,745	1,945,380	2,774,487
2039	198,097	542,610	1,789,037	2,529,744
2040	186,848	519,923	1,635,225	2,341,996
2041	174,255	479,689	1,484,659	2,138,603
2042	158,336	455,396	1,338,208	1,951,940
2043	157,612	426,239	1,196,834	1,780,685
2044	143,452	407,455	1,061,529	1,612,436
2045	136,485	384,992	933,251	1,454,728
2046	129,519	364,587	812,873	1,306,979
2047	122,239	343,519	701,138	1,166,896
2048	114,685	321,877	598,618	1,035,180
2049	106,906	299,768	505,702	912,376
2050	98,966	277,316	422,569	798,851
2051	90,937	254,671	349,178	694,786
2052	82,901	232,010	285,273	600,184
2053	74,942	209,536	230,401	514,879
2054	67,151	187,475	183,954	438,580
2055	59,616	166,065	145,206	370,887
2056	52,419	145,542	113,351	311,312
2057	45,633	126,131	87,551	259,315
2058	39,316	108,028	66,963	214,307
2059	33,514	91,392	50,775	175,681

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	28,255	76,333	38,231	142,819
2061	23,551	62,911	28,645	115,107
2062	19,400	51,139	21,411	91,950
2063	15,787	40,979	16,010	72,776
2064	12,685	32,357	12,010	57,052
2065	10,061	25,162	9,059	44,282
2066	7,871	19,261	6,880	34,012
2067	6,072	14,507	5,264	25,843
2068	4,616	10,745	4,054	19,415
2069	3,455	7,823	3,136	14,414
2070	2,545	5,597	2,429	10,571
2071	1,844	3,932	1,878	7,654
2072	1,312	2,712	1,444	5,468
2073	917	1,835	1,101	3,853
2074	629	1,218	830	2,677

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

CCH Consolidated Pension Plan

Effective December 31, 2004, the Springhouse and Waverly Pension Plans were merged into the CCH Pension Plan. Effective January 1, 2005, the CCH Plan was amended and restated in the form of the new combined plan.

Effective Date	The original plan became effective January 1, 1961. Participation and benefit accruals were frozen effective December 31, 1996.
Plan Year	The plan year is the calendar year.
Eligibility	Full-time or part-time employee of a CCH Company that participated in the plan as of December 31, 1996, except for anyone who is (a) subject to a collective bargaining agreement that does not expressly provide for his participation, or (b) an independent contractor.
Participants	An employee will become a participant on the earlier of the first day of the month following the 12-month period beginning on the date of his employment or at the end of any plan year beginning on the date of hire in which he employee completed at least 1,000 hours of service. Anyone included in the prior plan immediately before the effective date shall continue to be a participant. The plan was closed to new participants effective December 31, 1996.
Normal Retirement	
Eligibility	Age 65 and five years of plan participation.
Monthly Benefit	(1) The greater of a, b, c, or d below: (a) The sum of i + ii: (i) 1.2% of the participant's final average monthly compensation multiplied by his past service plus 1.1% of his final average monthly compensation multiplied by his future service plus 1% of final average monthly compensation multiplied by his years of credited service in excess of 25 years.

(ii) 0.65% of the excess of the participant's final average monthly compensation over his covered compensation multiplied by his years of credited service up to but not exceeding 25 years.

(b) The sum of i + ii:

(i) The participant's accrued benefit as of December 31, 1988 plus 1.1% of the participant's final average monthly compensation multiplied by his future service up to, but not in excess of, 25 years plus 1% of his final average compensation multiplied by his years of credited service in excess of 25 to the extent completed after December 31, 1988.

(ii) 65% of the excess if any, of the participant's final average compensation over his covered compensation multiplied by his years of credited service completed after December 31, 1988 up to but not exceeding the lesser of (1) 25 and (2) 35 minus past service.

(c) In the case of a participant described in Section 414(a)(1)(B) of the Internal Revenue Code, his accrued benefit as of December 31, 1988, and in the case of each other participant, his accrued benefit as of March 31, 1990.

(d) Except for a deferred vested benefit, $15 multiplied by his years of credited service.

(2) For Facts on File employees, their monthly pension on a single-life basis is the greater of:

(a) 70% of the amount determined in 2(b).

(b) Their prior plan formula which becomes frozen as of December 31, 1985 with no further benefit increases.

Rule of 90 Retirement

Eligibility	Age 55 and the sum of age and service of at least 90.
Monthly Benefit	Unreduced normal retirement benefit prior to age 65 except for the excess component of the normal retirement benefit.

Early Retirement

Eligibility	Age 55 and 10 years of vesting service.
Monthly Benefit	An early retiree shall receive a monthly benefit computed in the same manner as a normal retirement benefit but based on the participant's credited service at the time of termination. Further, this benefit will be reduced by 4% for each year that payments commence after age 60 and prior to age 65 and 6% for each year that payments commence after age 55 and prior to age 60. However, the excess component of the normal retirement pension will be reduced as follows for early retirement:

Age of Participant	Reduction Factor
64	0.923
63	0.846
62	0.769
61	0.730
60	0.692
59	0.653
58	0.615
57	0.576
56	0.529
55	0.486

Vested Termination Benefits

Eligibility	Five years of vesting service.
Monthly Benefit	A vested participant who terminates shall be entitled to receive the actuarial equivalent of his accrued benefit starting at age 55. The accrued benefit is computed in the same manner as a normal retirement benefit but based on the participant's benefit service at the time of termination.

Preretirement Death

Eligibility	Five years of vesting service and married throughout the one-year period ending on the date of death.
Monthly Benefit	A spouse who survives an active participant who completed less than 10 years of vesting service shall receive a life annuity commencing immediately. The benefit amount will be equal to the survivor portion that the spouse would have received had the participant separated from service on the date of death, deferred payment to age 65, and elected the 50% joint and survivor annuity. The benefit is reduced for early commencement. A spouse who survives an active participant who completed at least 10 years shall receive a life annuity commencing immediately. The benefit amount will be equal 50% of the unreduced accrued benefit that would have been payable to the participant had he or she retired immediately prior to his or her death. A spouse who survives a terminated vested participant shall receive a life annuity commencing at the later of the date of death or the first day of the month after the participant would have attained age 55. The benefit amount will be equal to the survivor portion of the 50% joint and survivor annuity reduced for early commencement.
Normal Form of Benefits	An unmarried participant shall receive a single life annuity. Married participants will receive a 50% joint and survivor annuity unless another form is elected.
Optional Form of Benefits	100%, 75% or 50% joint and survivor options. A participant eligible to receive a normal, Rule of 90, or early retirement pension may elect a lump-sum option.

Definitions

Actuarial Equivalence	8.00% interest rate and the UP-1984 Mortality Table.
Vesting Service	A covered employee shall accrue a year of vesting service after completing 12 months in which an hour of employment occurs.
Credited Service	A covered employee shall accrue a year of credited service after completing 12 months in which an hour of employment occurs. Credited service accruals were frozen effective December 31, 1996.

Compensation	Includes salary, overtime, bonuses, commissions, and similar payments..
Final Average Compensation	The highest annual earnings for the 60 consecutive months within the last 120 months of employment divided by 60. Compensation is limited to $220,000 (indexed beginning in 2002) as required.
Covered Compensation	The 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security normal retirement age.
CCH Companies That Participated in Plan	Commerce Clearing House, Inc. (the “Company”) and any subsidiary or affiliated corporation adopting the plan with the Company's consent. As of January 1, 1976, Commerce Clearing House, Inc. (New Jersey) and State Capital Information Service, Inc. had also adopted the plan. As of January 1, 1981, the Washington Service Bureau had also adopted the plan. As of January 1, 1982, National Quotation Bureau, Inc.; Computax, Inc.; Computax Systems, Inc.; C T Law Technology, Inc.; and C T Corporation System have adopted the plan. As of February 15, 1985, Facts on File, Inc. adopted the plan. As of October 1, 1988, Accutax adopted the plan. As of January 1, 1989, Computax-TLS adopted the plan. As of January 1, 1990, Computax-TXX adopted the plan. As of January 1, 1993, McCord and Trademark adopted the plan.

Springhouse Corporation Pension Plan

Effective Date	January 1, 1982.
Eligibility for Participation	Age 21 and the completion of one year of service. Effective December 31, 2000, the plan was frozen and no new participants may enter the plan.
Normal Retirement	
Eligibility	Age 65 and five years of vesting service.
Monthly Benefit	0.585% of the first $12,000 of final average earnings in effect as of December 31, 1981, plus 1.17% of final average earnings in effect as of December 31, 1981 in excess of $12,000, times years of credited service prior to January 1, 1982; plus 1.17% of the first $30,000 of compensation plus 2.34% of compensation in excess of $30,000, times years of credited service completed after December 31, 1981 and prior to January 1, 1989; plus 1.5% of compensation up to the covered compensation for each year of credited service completed after December 31, 1988, plus 2.15% of compensation in excess of covered compensation for each year of credited service completed after December 31, 1988 up to 35 years. All benefit accruals ceased on December 31, 2000.
Early Retirement	
Eligibility	Age 55 and 10 years of vesting service.
Monthly Benefit	Normal retirement benefit reduced by ⅔% for each of the first 36 months by which the annuity starting date precedes the participant's normal retirement date, and ⅓% for each such month in excess of 36.
Late Retirement	
Eligibility	The date after a participant's normal retirement on which the participant elects to retire.
Monthly Benefit	The greater of the normal retirement benefit actuarially increased or the benefit accrued as of the late retirement date.
Vested Termination	
Eligibility	Five years of vesting service. All participants who were actively employed as of December 31, 2000 are 100% vested.

Monthly Benefit	A vested participant who terminates shall be entitled to receive the reduced accrued benefit starting at age 55. The accrued benefit is computed in the same manner as a normal retirement benefit but based on the participant's benefit service at the time of termination. Benefit is reduced using the early retirement reduction factors.
Preretirement Death	
Prior to Earliest Retirement Date	If a vested participant (active or terminated) dies prior to the earliest retirement date, the amount of the monthly benefit payable to the participant's spouse for the remainder of the spouse's lifetime would be 50% of the monthly benefit calculated as if the participant had separated from service on the date of his death, survived and retired on his earliest retirement date having elected the 50% joint and survivor benefit form.
After Earliest Retirement Date	The amount of the monthly benefit payable to the participant's spouse, for the remainder of the spouse's lifetime would be 50% of the benefit payable to the participant, if the participant had retired on the day of his death and elected the 50% joint and survivor benefit form.
Normal Form of Benefits	An unmarried participant shall receive a single life annuity. Married participants will receive a 50% joint and survivor annuity unless another form is elected.
Optional Form of Benefits	100%, 75% or 50% joint and survivor options; 10 years certain and continuous annuity, lump sum.
Definitions	
Actuarial Equivalence	7.00% interest rate and the 1971 Group Annuity Mortality Table.
Vesting Service	A covered employee shall accrue a year of vesting service for each plan year during which the employee completes 1,000 hours of service.
Credited Service	A covered employee shall accrue a year of credited service for each plan year during which the employee completes 1,000 hours of service.
Compensation	Includes salary, overtime, bonuses, commissions, and similar payments.
Covered Compensation	The 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security normal retirement age.

Waverly Inc., Pension Plan

Effective Date	January 1, 1954.
Eligibility for Participation	Employees enter the plan on January 1 or July 1 next following the completion of one year of employment. No employee will enter the plan after December 31, 2000.
Normal Retirement	
Eligibility	Age 65.
Monthly Benefit	Benefits were frozen as of December 31, 2000. One twelfth of (a) plus (b) plus (c): (a) 0.90% of past service earnings up to $10,000 plus 1.60% of past service earnings in excess of $10,000 for each year of service prior to January 1, 1984; plus (b) 1.50% of earning up to the Social Security taxable wage base, plus 2.50% of earnings in excess of the Social Security taxable wage base for each year of service accrued after January 1, 1984 and prior to January 1, 1989; plus (c) 1.50% of earnings plus 0.65% of earnings in excess of covered compensation for each year of service accrued after January 1, 1989 and prior to December 31, 2000. All benefit accruals ceased on December 31, 2000.
Early Retirement	
Eligibility	Age 55 for employees hired prior to 1976 and age 55 with five years of service for employees hired during or after 1976.
Monthly Benefit	The accrued benefit as of early retirement date. The benefit shall be reduced ¼% for each month the payments commence prior to normal retirement date. The excess portion of the benefit shall be reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years the payments commence prior to the normal retirement date.
Disability Retirement	
Eligibility	After five years of service, if deemed to be totally and permanently unable to perform duties in the opinion of the Plan Administrator.

Monthly Benefit	The accrued benefit as of disability retirement date calculated as for early retirement. If benefits commence prior to age 55, payments shall be actuarially reduced for each year prior to 55.
Vested Termination	
Eligibility	Five years of vesting service.
Monthly Benefit	A vested participant who terminates shall be entitled to receive the reduced accrued benefit starting at age 55. The accrued benefit is computed in the same manner as a normal retirement benefit but based on the participant's benefit service at the time of termination. Benefit is reduced by 3.00% for each year prior to the normal retirement. The excess portion of benefit is reduced by 6.67% for each year prior to normal retirement for the first five years and by 3.33% for the next five years..
Preretirement Death	
Before Early Retirement Age	In the event of death after completing five years of service, the surviving spouse, if any, will receive a benefit equal to 50% of the benefit payable to the employee as if the employee left service on the date of death, survived to the earliest retirement age and then retired on the next day with a 50% joint and survivor annuity. The benefit is payable from the date the employee would have retired under this assumption. The survivor benefit also applies to employees who terminated service with a deferred vested benefit.
After Early Retirement Age	In the event of death after attaining early retirement age, the surviving spouse, if any, will receive a benefit equal to 50% of the benefit payable to the employee as if retirement had occurred on the date of death and the employee elected a 50% joint and survivor annuity.
Normal Form of Benefits	An unmarried participant shall receive a single life annuity. Married participants will receive a 50% joint and survivor annuity unless another form is elected.
Optional Form of Benefits	100%, 75%, 66⅔% or 50% joint and survivor options; 5, 10, 15, and 20 years certain and continuous annuity; age 62 level income option; lump sum.

Employee Contributions	Prior to January 1, 1978, participants were required to contribute to the plan in order to receive benefit accruals. These contributions are credited with interest each year. Each participant who made contributions is entitled to the benefit resulting from the contributions plus interest, as he is always vested in that amount.
Definitions	
Actuarial Equivalence	7.00% interest rate and the 1971 Group Annuity Mortality Table.
Vesting Service	Any plan year during which an employee works 1,000 hours. No service will be accrued after December 31, 2000.
Credited Service	Any plan year during which an employee works 1,000 hours. No service will be accrued after December 31, 2000.
Compensation	Includes salary, premiums, commissions.
Covered Compensation	The 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains Social Security normal retirement age.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- The plan was terminated effective June 7, 2025.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

This is the final Schedule SB filing, as the plan terminated effective June 7, 2025. This Schedule SB reflects a short plan year ending June 7, 2025.

Wolters Kluwer CCH, Springhouse and Waverly Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EIN: 13-3577870, PN: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Northern Trust Collective Short Term Investment Fund	Collective trust fund	$ 87,675	$ 87,675

* Represents a party-in-interest.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment	Amortization Installment at 6/7/2025
Shortfall	$ 9,726,711	January 1, 2023	13	$ 999,669	$ 432,734
Shortfall	$ (871,358)	January 1, 2024	14	$ (85,091)	$ (36,834)
Shortfall	$ 3,468,299	January 1, 2025	15	$ 323,386	$ 139,986

Schedule SB Attachment (Form 5500) —2025 Plan Year
Wolters Kluwer CCH, Springhouse and Waverly Pension Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on plan assets from 4.81 percent to 5.30 percent.
- Retroactive annuity interest crediting rate was updated to 4.54 percent (the average 30-Year Treasury Securities Interest Rate for a month of November 2024).

Since the change in the non-prescribed assumptions has not decreased the funding shortfall, the approval of the commissioner is not required.

The rationales for selecting each of the prescribed assumptions used in the funding valuation and for the assumption changes summarized above are to comply with regulatory requirements and to best reflect future anticipated plan experience.