

**SUMMARY ANNUAL REPORT FOR
KENYON COLLEGE DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT
PLAN**

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan of KENYON COLLEGE DEFINED CONTRIBUTION AND TAX DEFERRED ANNUITY RETIREMENT PLAN and Employer Identification Number 31-4379507/Plan Number 003 for the plan year 01/01/2024 through 12/31/2024. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single employer, defined contribution plan with the following characteristics: 403(b), ERISA section 404(c), total participant-directed account, pre-approved pension.

Basic Financial Statement

Benefits under the plan are provided by insurance contracts and a trust fund. Plan expenses were \$19,833,666. These expenses included \$163,739 in administrative expenses and \$19,668,721 in benefits paid to participants and beneficiaries, and \$1,206 in other expenses. A total of 1761 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$323,008,650 as of the end of the plan year, compared to \$295,819,836 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$27,188,814. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$47,022,480, including employer contributions of \$4,571,211, employee contributions of \$4,381,173, other contributions/other income of \$4,443,327, and earnings from investments of \$33,626,769.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Insurance information, including sales commissions paid by insurance carriers.
5. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Nicholas Neuerer, who is a representative of the plan administrator, at EATON CENTER 209 CHASE AVENUE, GAMBIER, OH 43022 and phone number, 740-427-5181. The charge to cover copying costs will be \$5.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan: EATON CENTER 209 CHASE AVENUE, GAMBIER, OH 43022, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

SUMMARY ANNUAL REPORT FOR EMERITI RETIREE HEALTH PLAN FOR KENYON COLLEGE

This is a summary of the annual report of the EMERITI RETIREE HEALTH PLAN FOR KENYON COLLEGE, a health and dental plan (Employer Identification Number 31-4379507, Plan Number 520), for the plan year 01/01/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has insurance contracts with AETNA LIFE INSURANCE COMPANY to pay all Prescription drug, PPO contract, Dental claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were \$352,612.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$19,102,850 as of the end of plan year, compared to \$16,949,644 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$2,153,206. This change includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$3,016,822 including employer contributions of \$923,042, employee contributions of \$177,684, gains/(losses) of \$0 from the sale of assets, and earnings from investments of \$1,916,096. Plan expenses were \$863,616. These expenses included \$61,522 in administrative expenses, \$802,094 in benefits paid to participants and beneficiaries, and \$0 in other expenses.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 209 CHASE AVENUE, GAMBIER, OH 43022 and phone number, 740-427-5171.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

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