

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan MOUNT ST. JOSEPH UNIVERSITY DEFINED CONTRIBUTION PLAN (FORMERLY THE COLLEGE OF MOUNT ST. JOSEPH DEFINED CONTRIBUTION PLAN)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 03/01/1959</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 03/01/1959	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 03/01/1959					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MOUNT ST. JOSEPH UNIVERSITY 5701 DELHI ROAD CINCINNATI, OH 45233-1669	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 23-7179567</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 513-244-4200</td> </tr> <tr> <td>2d Business code (see instructions) 611000</td> </tr> </table>	2b Employer Identification Number (EIN) 23-7179567	2c Plan Sponsor's telephone number 513-244-4200	2d Business code (see instructions) 611000	
2b Employer Identification Number (EIN) 23-7179567					
2c Plan Sponsor's telephone number 513-244-4200					
2d Business code (see instructions) 611000					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2015	ASHLEY TERRELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name COLLEGE OF MOUNT ST. JOSEPH	4b EIN 23-7179567 4c PN 001
5 Total number of participants at the beginning of the plan year	5 729
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) 377
a(2) Total number of active participants at the end of the plan year	6a(2) 321
b Retired or separated participants receiving benefits	6b 164
c Other retired or separated participants entitled to future benefits.....	6c 445
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 930
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 15
f Total. Add lines 6d and 6e	6f 945
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 767
h Number of participants that 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 Characteristics Codes in the instructions: 2A 2F 2G 2L 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
<div>A Name of plan MOUNT ST. JOSEPH UNIVERSITY DEFINED CONTRIBUTION PLAN (FORMERLY THE COLLEGE OF MOUNT ST. JOSEPH DEFINED CONTRIBUTION PLAN)</div>	<div>B Three-digit plan number (PN) ▶</div>	001
<div>C Plan sponsor's name as shown on line 2a of Form 5500 MOUNT ST. JOSEPH UNIVERSITY</div>	<div>D Employer Identification Number (EIN) 23-7179567</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div>
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1 Coverage Information:

(a) Name of insurance carrier TIAA-CREF
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	150037	566	01/01/2014	12/31/2014

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 0	(b) Total amount of fees paid 0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	10240730
5 Current value of plan's interest under this contract in separate accounts at year end	5	407724

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year.....	7b	10496383
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c Additions: (1) Contributions deposited during the year.....	7c(1)	54846	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	447847	
(4) Transferred from separate account.....	7c(4)	595264	
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 1097957

d Total of balance and additions (add lines 7b and 7c(6))	7d	11594340
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	737408
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	615583
(4) Other (specify below)	7e(4)	619

▶ OTHER DISBURSEMENTS

(5) Total deductions..... **7e(5)** 1353610

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	10240730
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan MOUNT ST. JOSEPH UNIVERSITY DEFINED CONTRIBUTION PLAN (FORMERLY THE COLLEGE OF MOUNT ST. JOSEPH DEFINED CONTRIBUTION PLAN)	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNT ST. JOSEPH UNIVERSITY	D Employer Identification Number (EIN) 23-7179567	

Part I	Service Provider Information (see instructions)
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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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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)

SAGE POINT FINANCIAL INC.

20-1741754

(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?
26 27 50 51	NONE	13007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEACHERS INSURANCE & ANNUITY ASSOC.

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	13007	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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)

(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 ☐

(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 ☐

(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

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:

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan

MOUNT ST. JOSEPH UNIVERSITY DEFINED CONTRIBUTION PLAN (FORMERLY THE COLLEGE OF MOUNT ST. JOSEPH DEFINED CONTRIBUTION PLAN)

B Three-digit
plan number

001

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

MOUNT ST. JOSEPH UNIVERSITY

D	Employer Identification Number (EIN)
	23-7179567

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

b Name of sponsor of entity listed in (a): **TEACHERS INSURANCE & ANNUITY ASSOCIATION**

c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 407724
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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)
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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)
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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)

(Complete as many entries as needed to report all participating plans)

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>MOUNT ST. JOSEPH UNIVERSITY DEFINED CONTRIBUTION PLAN (FORMERLY THE COLLEGE OF MOUNT ST. JOSEPH DEFINED CONTRIBUTION PLAN)</u>	B Three-digit plan number (PN) ► <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOUNT ST. JOSEPH UNIVERSITY</u>	D Employer Identification Number (EIN) <u>23-7179567</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)	340688	407724
(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)	20151281	21748388
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	10496383	10240730
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	30988352	32396842

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	30988352	32396842
---	-----------	----------	----------

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)	1018559	
(B) Participants	2a(1)(B)	321789	
(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)		1340348
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)	447847	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		447847
(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)	582387	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		582387
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		43195
(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)		846816
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3260593

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1834454	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1834454
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	13007	
(4) Other.....	2i(4)	13008	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26015
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1860469

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1400124
l Transfers of assets:			
(1) To this plan.....	2l(1)		8366
(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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

- 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.).....
- 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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		10000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan MOUNT ST. JOSEPH UNIVERSITY DEFINED CONTRIBUTION PLAN (FORMERLY THE COLLEGE OF MOUNT ST. JOSEPH DEFINED CONTRIBUTION PLAN)				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNT ST. JOSEPH UNIVERSITY				D Employer Identification Number (EIN) 23-7179567	
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): 13-1624203					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)
December 31, 2014 and 2013, and
Year Ended December 31, 2014
With Report of Independent Auditors

Ernst & Young LLP



Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Financial Statements and Supplemental Schedule

December 31, 2014 and 2013, and
Year Ended December 31, 2014

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Report of Independent Auditors

The Board of Trustees
Mount St. Joseph University

We were engaged to audit the accompanying financial statements of Mount St. Joseph University Defined Contribution Plan (formerly the College of Mount St. Joseph Defined Contribution Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matters described in the Basis for Disclaimer of Opinion paragraphs, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information summarized in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2014 and 2013, and for the year ended December 31, 2014, stating that the investment information provided to the plan administrator is complete and accurate.

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

Disclaimer of Opinion on Financial Statements

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2014, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, we do not express an opinion on the supplemental schedule referred to above.

Ernst & Young LLP

July 7, 2015

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Statements of Net Assets Available for Benefits

	December 31	
	2014	2013
Assets		
Investments	<u>\$ 32,396,842</u>	<u>\$ 30,988,352</u>
Total assets	<u>32,396,842</u>	<u>30,988,352</u>
Net assets available for benefits	<u><u>\$ 32,396,842</u></u>	<u><u>\$ 30,988,352</u></u>

See accompanying notes.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

Additions

Investment income:

Interest and dividend income	\$ 699,309
Net appreciation in fair value of investments	<u>1,220,936</u>
Total investment income	1,920,245

Contributions:

Participants	321,789
Employer	<u>1,018,559</u>
Total contributions	1,340,348

Interfund transfers (plan to plan transfers)	<u>8,366</u>
Total additions	3,268,959

Deductions

Benefit payments	1,834,454
Administrative expenses	<u>26,015</u>
Total deductions	<u>1,860,469</u>

Net increase	1,408,490
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Net assets available for benefits:

Beginning of year	<u>30,988,352</u>
End of year	<u><u>\$ 32,396,842</u></u>

See accompanying notes.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements

December 31, 2014

1. Description of Plan

The following description of Mount St. Joseph University Defined Contribution Plan (formerly the College of Mount St. Joseph Defined Contribution Plan) (the Plan) provides general information about the Plan's provisions. Mount St. Joseph University (the University) is the Plan sponsor. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

General

The Plan is a defined contribution plan available to substantially all benefit eligible employees of Mount St. Joseph University who work at least 1,000 hours per year and have at least one year of service at the University.

The University is responsible for the general administration of the Plan. Teachers Insurance and Annuity Association and College Retirement Equity Fund (collectively, TIAA-CREF) and JPMorgan Chase Bank, N.A. are the custodians of the Plan and TIAA-CREF is record-keeper for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Eligible employees are required to make mandatory employee contributions in the amount of 2% of base compensation contributed to the Plan on a pretax basis. The University's contribution to the Plan is based on years of service as follows: equal to or less than six years of service (YOS) = 5.5% of annual base compensation; six to nine YOS = 6% of annual base compensation; ten plus YOS = 7% of annual base compensation. All contributions are subject to certain limitations of the Internal Revenue Code (the Code).

Participants direct their contributions into various investment options offered by the Plan and can change their investment options on a daily basis. The University's contributions are allocated in the same manner as that of the participant's contributions.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and the University's contributions and allocations of plan earnings, and is charged with an allocation of administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Contributions received by the University are also fully vested immediately.

Forfeitures

Participant and the University's contributions are fully vested immediately and cannot be forfeited upon termination of employment or ineligibility to participate in the Plan.

Participant Loans

The Plan is designed for retirement savings and does not allow loans or in-service hardship distributions.

Payment of Benefits

Upon termination of employment, a participant may receive a lump-sum payment, partial payment, installment payments or annuity contract as permitted by the terms of the agreements governing the investment options. A participant may elect a distribution of transfer contributions and/or rollover contributions at any time subject to these same provisions.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Administrative Expenses

All reasonable plan administration expenses including those involved in retaining necessary professional assistance may be paid from the assets of the Plan, to the extent permitted by the Plan's provisions. These expenses may be allocated among all participants or, for expenses directly related to a participant, charged against their account balance. Certain expenses of the Plan are paid by the University.

Plan Termination

Although it has not expressed any intent to do so, the University has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. Additionally, the University has the right under the Plan to discontinue its contributions at any time subject to the provisions of ERISA. In the event the Plan is terminated, a participant's entire account balance will be distributed from the Plan. To the extent a participant is invested in an annuity contract, they will receive a distribution of the contract.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. No excess contributions were made for the plan year 2014 or 2013.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price) (see Note 4).

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

3. Investments

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31	
	2014	2013
TIAA Traditional Annuity	\$ 10,240,730	\$ 10,496,383
CREF Stock Fund	6,084,810	6,516,643
Vanguard Wellington Admiral	1,796,099	—*

*Investment less than 5% in prior year.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

3. Investments (continued)

During 2014, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value as follows:

Guaranteed annuity contract	\$ 330,981
Variable annuities	741,418
Registered investment companies	105,398
Pooled separate account	43,139
	<u>\$ 1,220,936</u>

All investment information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2014 and 2013, and net appreciation in fair value of investments, interest and dividend income for the year ended December 31, 2014, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by TIAA-CREF, a custodian of the Plan and an agent for JPMorgan Chase Bank, N.A..

4. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:
 - Quoted prices for similar assets and liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in markets that are not active

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

4. Fair Value Measurements

- Observable inputs other than quoted prices that are used in the valuation of the asset (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value. There have been no changes in methodologies used at December 31, 2014.

- *Registered investment companies:* Consists of investments primarily in equity securities, fixed-income instruments, other mutual funds, and short-term instruments. The fair values of these investments are primarily valued using market quotations or prices obtained from independent pricing sources. The investments are valued at the share price or net asset value of the shares held by the Plan at year-end.
- *Pooled separate accounts (PSA) (TIAA Real Estate Account):* Consists of a non-fully benefit-responsive investment valued principally from the market value of the underlying real estate holdings or real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. Sometimes securities are held as well. These are generally priced using values obtained from independent pricing sources. Unit values are calculated each day. The PSA itself is not traded on an exchange in an active market.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

- *Variable annuities (CREF Accounts):* These accounts consist of eight investment portfolios: the Stock, Global Equities, Growth, Equity Index, Bond Market, Inflation-Linked Bond, Social Choice, and Money Market Accounts (individually referred to as the Account or collectively referred to as the Accounts). CREF is registered with the Securities and Exchange Commission under the Investment Company Act of 1940 as an open-end management investment company; however, the CREF Accounts themselves are not traded on an exchange in an active market. These Accounts are variable annuities, which are primarily valued based on net asset value per share as determined by market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing, except for the Money Market Account, which is generally valued at amortized cost. Each Account determines its net asset value (NAV) on a daily basis and is redeemable at NAV on the valuation date. *Guaranteed Annuity Contract (TIAA Traditional Annuity):* The investment is reported at contract value, which approximates fair value. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with TIAA Traditional Annuity's historical crediting rates. The contract value equals the accumulated cash contributions and interest credited to the Plan's accounts less any withdrawals. Since the annuity is not available for sale or transfer on any securities exchange, transactions in similar investment instruments are not observable.

In determining the reasonableness of the valuation methodology, the Plan evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration) while others are substantiated utilizing available market data (for example, discount rate applied). The methods 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 valuations 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.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

As a guaranteed annuity backed by TIAA's claim-paying ability, the TIAA Traditional Annuity guarantees principal and a minimum interest rate, plus the opportunity for additional amounts in excess of the guaranteed rate. These additional amounts, when declared by the TIAA Board of Trustees, remain in effect for the "declaration year" which begins March 1. The guaranteed minimum interest rate during the accumulation phase is generally 3%, but between 1% and 3% for some contracts. These guarantees of principal and minimum interest rates assure that each participant's accumulation is protected from loss and will always increase in value. Together, the guaranteed minimum and additional amounts make up the "crediting rate" in the accumulation phase of the Account. TIAA uses a "vintage" method of crediting interest for funds in the TIAA Traditional Annuity. Because the yields available on new long-term investments tend to vary over time, TIAA groups the funds received over defined time periods into "vintages." The interest credited to each vintage reflects the net investment returns initially obtained on TIAA's investments during each period. When the accumulation in the TIAA Traditional Annuity Fund is converted to an annuity based on life expectancy, the present value of the stream payments is equal to the accumulation.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

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

	2014			
	Level 1	Level 2	Level 3	Total
Guaranteed annuity contract	\$ —	\$ —	\$ 10,240,730	\$ 10,240,730
Variable annuities:				
CREF Stock ^(a)	—	6,084,810	—	6,084,810
CREF Money Market ^(b)	—	323,207	—	323,207
CREF Social Choice ^(c)	—	696,954	—	696,954
CREF Bond Market ^(d)	—	704,892	—	704,892
CREF Global Equities ^(e)	—	769,265	—	769,265
CREF Growth ^(f)	—	1,103,921	—	1,103,921
CREF Equity Index ^(g)	—	618,135	—	618,135
CREF Inflation-Linked Bond ^(h)	—	409,265	—	409,265
Registered investment companies:				
Lifecycle Funds	893,643	—	—	893,643
International Blend	742,007	—	—	742,007
International Equity Fund	689,725	—	—	689,725
Large-Cap Blend	352,289	—	—	352,289
Large-Cap Growth	697,785	—	—	697,785
Large-Cap Value	3,326,066	—	—	3,326,066
Mid-Cap Blend	457,452	—	—	457,452
Mid-Cap Growth	184,472	—	—	184,472
Mid-Cap Value	580,256	—	—	580,256
Small-Cap Blend	38,107	—	—	38,107
Small-Cap Growth	450,962	—	—	450,962
Small-Cap Value	82,324	—	—	82,324
Bond Funds	1,594,566	—	—	1,594,566
High Yield Bond	24,234	—	—	24,234
International Bond	377,499	—	—	377,499
Emerging Markets	131,823	—	—	131,823
Real Estate Equity	414,729	—	—	414,729
Pooled separate account ⁽ⁱ⁾	—	407,724	—	407,724
Total assets at fair value	\$ 11,037,939	\$ 11,118,173	\$ 10,240,730	\$ 32,396,842

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

	2013			
	Level 1	Level 2	Level 3	Total
Guaranteed annuity contract	\$ —	\$ —	\$ 10,496,383	\$ 10,496,383
Variable annuities:				
CREF Stock ^(a)	—	6,516,643	—	6,516,643
CREF Money Market ^(b)	—	307,070	—	307,070
CREF Social Choice ^(c)	—	736,507	—	736,507
CREF Bond Market ^(d)	—	716,535	—	716,535
CREF Global Equities ^(e)	—	853,174	—	853,174
CREF Growth ^(f)	—	1,076,837	—	1,076,837
CREF Equity Index ^(g)	—	588,219	—	588,219
CREF Inflation-Linked Bond ^(h)	—	432,264	—	432,264
Registered investment companies:				
Lifecycle Funds	811,921	—	—	811,921
International Blend	718,394	—	—	718,394
International Equity Fund	641,026	—	—	641,026
Large-Cap Blend	213,318	—	—	213,318
Large-Cap Growth	505,005	—	—	505,005
Large-Cap Value	2,480,215	—	—	2,480,215
Large-Cap Equity	16,136	—	—	16,136
Mid-Cap Growth	125,668	—	—	125,668
Mid-Cap Value	525,503	—	—	525,503
Mid-Cap Equity	386,863	—	—	386,863
Small-Cap Blend	25,202	—	—	25,202
Small-Cap Growth	401,620	—	—	401,620
Small-Cap Value	45,044	—	—	45,044
Bond Funds	1,300,984	—	—	1,300,984
High Yield Bond	18,885	—	—	18,885
International Bond	306,200	—	—	306,200
Emerging Markets	127,522	—	—	127,522
Real Estate Equity	274,526	—	—	274,526
Pooled separate account ⁽ⁱ⁾	—	340,688	—	340,688
Total assets at fair value	\$ 8,924,032	\$ 11,567,937	\$ 10,496,383	\$ 30,988,352

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

- (a) The investment objective of this account is to achieve a favorable rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks.
- (b) The investment objective of this account is to achieve high current income consistent with maintaining liquidity and preserving capital.
- (c) The investment objective of this account is to achieve a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria.
- (d) The investment objective of this account is to achieve a favorable long-term rate of return through high current income consistent with preserving capital. The majority of the Account's assets are invested in U.S. Treasury and Agency securities, corporate bonds, and mortgage-backed or other asset-backed securities.
- (e) The investment objective of this account is to achieve a favorable long-term rate of return through capital appreciation and investment income from a broadly diversified portfolio that consists of foreign and domestic stocks.
- (f) The investment objective of this account is to achieve a favorable long-term rate of return, mainly through capital appreciation, primarily from a diversified portfolio of common stocks that present the opportunity for exceptional growth.
- (g) The investment objective of this account is to achieve a favorable long-term rate of return from a diversified portfolio selected to track the overall market for common stocks publicly traded in the United States, as represented by a broad stock market index.
- (h) The investment objective of this account is to achieve a favorable long-term rate of return that outpaces inflation, primarily through investment in inflation-indexed bonds, which are fixed-income securities whose returns are designed to track a specified inflation index over the life of the bond.
- (i) The investment objective for this fund is to achieve long-term returns primarily through rental income and appreciation of real estate investments owned by the Account. The Account will also invest in publicly traded securities and short-term higher quality liquid investments that are easily converted to cash to enable the Account to meet participant redemption requests, purchase, or improve properties or cover other expense needs. There are no redemption restrictions on this investment. Liquidity is guaranteed since the fund is backed by the TIAA general account.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014.

	Guaranteed Annuity Contract
Balance, beginning of year	\$ 10,496,383
Realized gains	173,502
Unrealized gains relating to instruments still held at the reporting date	157,479
Purchases	766,976
Sales	(1,353,610)
Balance, end of year	<u><u>\$ 10,240,730</u></u>

The following table represents the Plan's Level 3 financial instruments at December 31, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

2014				
Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional \$ Annuity	10,240,730	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.25%–5.00%

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Instrument	Fair Value	2013		
		Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional \$ Annuity	10,496,383	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.00%–5.00%

5. Risks and Uncertainties

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

6. Related-Party Transactions

The Plan holds investments managed by TIAA-CREF and JPMorgan Chase Bank, N.A., the custodians of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

Notes to Financial Statements (continued)

7. Tax Status

The underlying standardized prototype plan has not received an opinion letter from the Internal Revenue Service, stating that the underlying prototype plan is qualified under Section 403(b) of the Internal Revenue Code (the Code). However, the plan administrator believes that the Plan has been designed to comply with and is operating in accordance with the applicable requirements of Section 403(b) of the Code and therefore, believes the Plan is qualified and the related accounts are tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

8. Subsequent Events

Management evaluated subsequent events for the Plan through July 7, 2015, the date the financial statements were available to be issued.

Supplemental Schedule

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

EIN #23-7179567 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2014

Identity of Issue, Borrower	Description of Investment	Number of Shares/ Units	Current Value
*TIAA Traditional Non-Benefit Responsive	Guaranteed Annuity Contract	–	\$ 10,240,730
*TIAA Real Estate Fund	Pooled Separate Account	1,216	407,724
*CREF Stock Fund	Variable Annuity	16,651	6,084,810
*CREF Money Market Fund	Variable Annuity	12,658	323,207
*CREF Social Choice Fund	Variable Annuity	3,585	696,955
*CREF Bond Market Fund	Variable Annuity	6,212	704,892
*CREF Global Equities Fund	Variable Annuity	5,542	769,265
*CREF Growth Fund	Variable Annuity	8,579	1,103,921
*CREF Equity Index Fund	Variable Annuity	3,825	618,135
*CREF Inflation-Linked Bond Fund	Variable Annuity	6,152	409,266
*TIAA-CREF Lifecycle 2010-Rtmt Fund	Registered Investment Company	681	8,754
*TIAA-CREF Lifecycle 2015-Rtmt Fund	Registered Investment Company	4,187	50,452
*TIAA-CREF Lifecycle 2020-Rtmt Fund	Registered Investment Company	1,967	24,431
*TIAA-CREF Lifecycle 2025-Rtmt Fund	Registered Investment Company	8,666	109,108
*TIAA-CREF Lifecycle 2030-Rtmt Fund	Registered Investment Company	3,913	49,807
*TIAA-CREF Lifecycle 2035-Rtmt Fund	Registered Investment Company	7,757	100,917
*TIAA-CREF Lifecycle 2040-Rtmt Fund	Registered Investment Company	10,615	141,292
*TIAA-CREF Lifecycle 2045-Rtmt Fund	Registered Investment Company	2,675	28,703
*TIAA-CREF Lifecycle 2050-Rtmt Fund	Registered Investment Company	2,006	21,480
*TIAA-CREF Lfcyle Rtmt Inc-Rtmt Fund	Registered Investment Company	1,085	11,950
*TIAA-CREF Intl Eq-Rtmt Fund	Registered Investment Company	14,324	157,140
*TIAA-CREF Lg-Cap Val-Rtmt Fund	Registered Investment Company	12,291	220,005
*TIAA-CREF Mid-Cap Gr-Rtmt Fund	Registered Investment Company	3,886	80,711
*TIAA-CREF Mid-Cap Val-Rtmt Fund	Registered Investment Company	6,773	163,101
*TIAA-CREF Sm-Cap Eq-Rtmt Fund	Registered Investment Company	4,896	82,934
BlackRock Eq Div Institutional	Registered Investment Company	19,584	488,619
BlackRock Inflat Prot Bnd Inst	Registered Investment Company	5,430	58,420
Cambiar Small Cap Investor	Registered Investment Company	3,289	64,622
Delaware Extend Dur Bond Inst	Registered Investment Company	36,168	239,067
Eaton Vance Atlanta Cap SMID I	Registered Investment Company	4,117	103,760
Fundamental Investors	Registered Investment Company	330	17,166
Lord Abbett Shor Dur Income A	Registered Investment Company	117,218	522,791
Oppenheimer Develop Markets Y	Registered Investment Company	3,242	113,680
Oppenheimer Global Opp Fund Y	Registered Investment Company	8,034	320,966
T Rowe Price New Horizons	Registered Investment Company	8,406	368,028

Mount St. Joseph University Defined Contribution Plan
(Formerly the College of Mount St. Joseph Defined Contribution Plan)

EIN #23-7179567 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

Identity of Issue, Borrower	Description of Investment	Number of Shares/ Units	Current Value
Templeton Global Bond AdvClass	Registered Investment Company	30,419	\$ 377,499
Vanguard 500 Index Fund Signal	Registered Investment Company	1,668	316,662
Vanguard EmergMkt Stk Idx Inst	Registered Investment Company	717	18,143
Vanguard Equity Income Admiral	Registered Investment Company	12,557	821,343
Vanguard Inflat Prot Sec Inst	Registered Investment Company	5,039	53,113
Vanguard SmallCap Inx Fd Signl	Registered Investment Company	682	38,107
Vanguard Target Ret 2025 Inv	Registered Investment Company	5,944	98,250
Vanguard Target Ret 2030 Inv	Registered Investment Company	1,792	52,052
Vanguard Target Ret 2035 Inv	Registered Investment Company	5,142	91,736
Vanguard Target Ret 2040 Inv	Registered Investment Company	443	13,183
Vanguard Target Ret 2045 Inv	Registered Investment Company	3,404	63,493
Vanguard Target Ret 2050 Inv	Registered Investment Company	769	22,775
Vanguard Target Ret 2055 Inv	Registered Investment Company	114	3,639
Vanguard Target Ret Income Inv	Registered Investment Company	126	1,621
Vanguard Ttl Bd Mkt Inx Fd Sig	Registered Investment Company	39,023	424,179
Vanguard Wellington Admiral	Registered Investment Company	26,566	1,796,099
Vanguard Mid Cap Inx Fd Signal	Registered Investment Company	2,990	457,452
John Hancock Discip Val MdCp A	Registered Investment Company	21,570	417,154
Delaware Diversified Inc Inst	Registered Investment Company	33,073	296,996
Columbia Acorn International Z	Registered Investment Company	5,071	211,619
Alger Capital Appreciation	Registered Investment Company	9,780	697,785
Vanguard High-Yield Corp Adm	Registered Investment Company	4,060	24,234
Vanguard REIT Index Adm	Registered Investment Company	3,612	414,730
Vanguard Ttl Intl Stk Index Adm	Registered Investment Company	10,325	268,450
Vanguard Ttl Stk Mkt Index Adm	Registered Investment Company	358	18,461
Goldman Sachs Sml Cp Val Inst	Registered Investment Company	318	17,701
Harbor International Fund Inst	Registered Investment Company	7,310	473,557
			<u>\$ 32,396,842</u>

*Indicates a party-in-interest to the Plan.

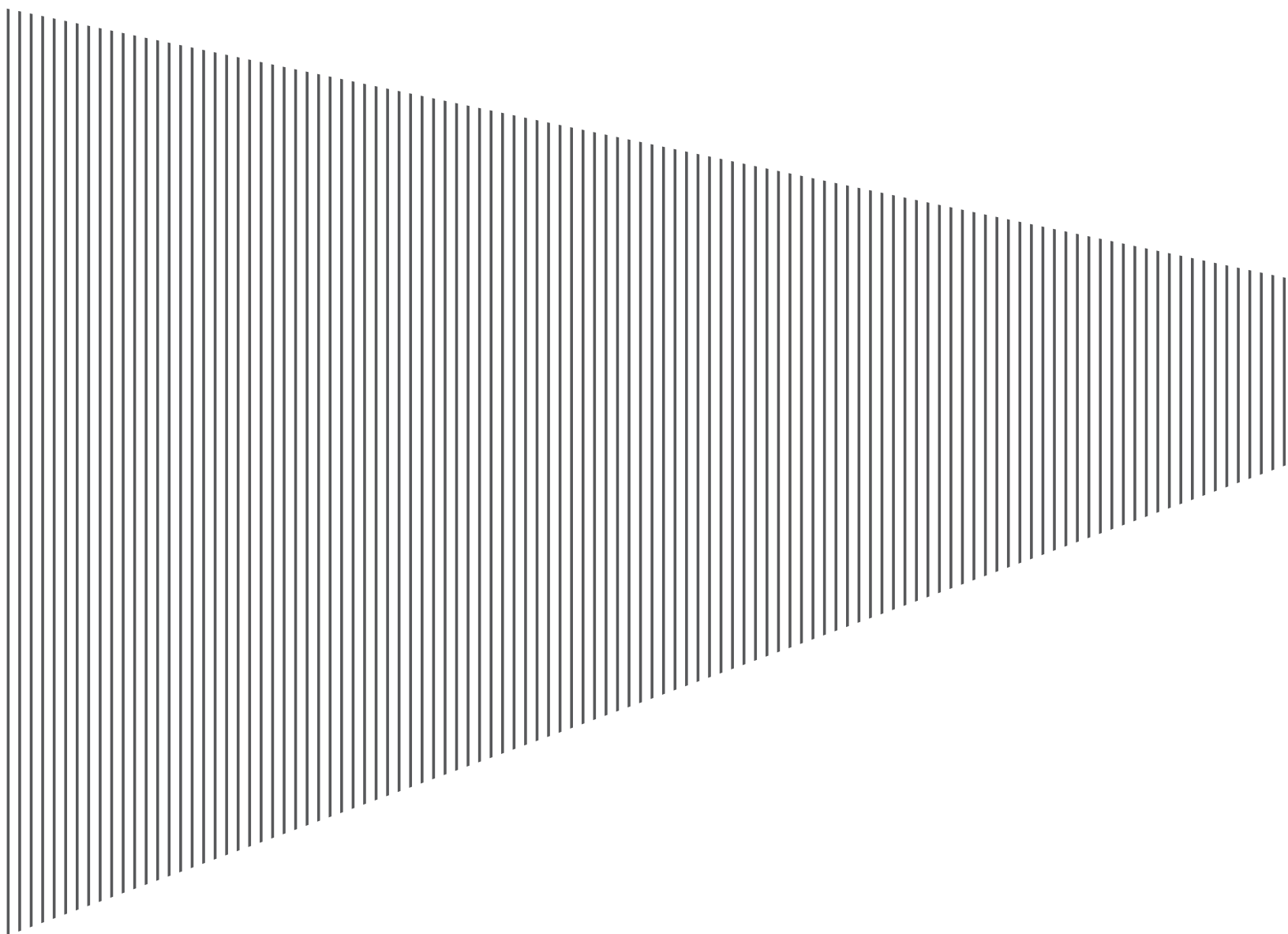
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