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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                                   | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                |  |                                                                                                                                                                                                                |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                        | <u>MOUNT SAINT MARY'S UNIVERSITY 403(B) RETIREMENT PL</u>                                                                                                                                                                                                     |  | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                            |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |  | <b>1c</b> Effective date of plan <u>09/01/1960</u>                                                                                                                                                             |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <u>MOUNT SAINT MARY'S UNIVERSITY</u><br><br><br><div style="display: flex; justify-content: space-between;"> <div><u>12001 CHALON ROAD</u><br/><u>LOS ANGELES, CA 90049</u></div> <div><u>12001 CHALON ROAD</u><br/><u>LOS ANGELES, CA 90049</u></div> </div> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>95-1641455</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>310-954-4035</u><br><br><b>2d</b> Business code (see instructions)<br><u>611000</u> |

**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<br>HERE | Filed with authorized/valid electronic signature. | 10/05/2023 | ANDREW LOCCISANO                                             |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 1154                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |  | <b>6a(1)</b> 605                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b> 630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <b>6c</b> 519                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 1149                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b> 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b> 1171                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |  | <b>6g</b> 1155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |  | <b>6h</b> 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2L                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</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>2022</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>MOUNT SAINT MARY'S UNIVERSITY 403(B) RETIREMENT PL                       | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MOUNT SAINT MARY'S UNIVERSITY    | D Employer Identification Number (EIN)<br>95-1641455 |

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

1 Coverage Information:

(a) Name of insurance carrier  
TIAA-CREF

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-1624203 | 69345         | 405810                                | 622                                                                         | 01/01/2022              | 12/31/2022 |

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

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

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

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

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

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

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

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

---

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

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

---

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

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

---

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

---

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

---

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

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

---

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

|                                                                                                       |          |          |
|-------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 16555595 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 24965837 |

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

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

**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>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 15752000 |
|--------------------------------------------------------|-----------|----------|

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 179334 |  |
| (2) Dividends and credits.....                                        | <b>7c(2)</b> | 0      |  |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> | 643551 |  |
| (4) Transferred from separate account.....                            | <b>7c(4)</b> | 764084 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 68106  |  |

▶ PLAN SERVICING CREDIT

|                          |              |         |
|--------------------------|--------------|---------|
| (6) Total additions..... | <b>7c(6)</b> | 1655075 |
|--------------------------|--------------|---------|

|                                                                                       |           |          |
|---------------------------------------------------------------------------------------|-----------|----------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 17407075 |
|---------------------------------------------------------------------------------------|-----------|----------|

**e** Deductions:

|                                                                                 |              |        |  |
|---------------------------------------------------------------------------------|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 506305 |  |
| (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 0      |  |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 291311 |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 53864  |  |

▶ ADMINISTRATIVE EXPENSES

|                           |              |        |
|---------------------------|--------------|--------|
| (5) Total deductions..... | <b>7e(5)</b> | 851480 |
|---------------------------|--------------|--------|

|                                                                                                         |           |          |
|---------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 16555595 |
|---------------------------------------------------------------------------------------------------------|-----------|----------|

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>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                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>MOUNT SAINT MARY'S UNIVERSITY 403(B) RETIREMENT PL                       | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MOUNT SAINT MARY'S UNIVERSITY    | D Employer Identification Number (EIN)<br>95-1641455 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TIAA-CREF                                                                                                  |
| 13-1624203                                                                                                 |
|                                                                                                            |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS                                                                                       |
| 04-2647786                                                                                                 |
|                                                                                                            |

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

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

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

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

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

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

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

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

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

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

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

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

TIAA-CREF

13-1624203

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 27 28<br>38 52 62<br>64 66 | RECORDKEEPER                                                                                      | 145542                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BENEFITS FINANCIAL SERVICES GROUP

20-8532658

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 27 50               | ADVISOR                                                                                           | 35000                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BAKER TILLY US, LLP

39-0859910

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | AUDITOR                                                                                           | 12000                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan 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>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
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|                                                                                                |                                                      |     |
|------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022     |                                                      |     |
| A Name of plan<br>MOUNT SAINT MARY'S UNIVERSITY 403(B) RETIREMENT PL                           | B Three-digit plan number (PN) ►                     | 001 |
|                                                                                                |                                                      |     |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>MOUNT SAINT MARY'S UNIVERSITY | D Employer Identification Number (EIN)<br>95-1641455 |     |

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

|                                                          |                 |                                                                                                      |
|----------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): TIAA-CREF     |                 |                                                                                                      |
| c EIN-PN 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) 3123730 |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                  |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):               |                 |                                                                                                      |
| c EIN-PN                                                 | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                  |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):               |                 |                                                                                                      |
| c EIN-PN                                                 | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                  |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):               |                 |                                                                                                      |
| c EIN-PN                                                 | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                  |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):               |                 |                                                                                                      |
| c EIN-PN                                                 | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                  |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):               |                 |                                                                                                      |
| c EIN-PN                                                 | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                  |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):               |                 |                                                                                                      |
| c EIN-PN                                                 | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                  |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):               |                 |                                                                                                      |
| c EIN-PN                                                 | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                  |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):               |                 |                                                                                                      |
| c EIN-PN                                                 | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>MOUNT SAINT MARY'S UNIVERSITY 403(B) RETIREMENT PL</u>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MOUNT SAINT MARY'S UNIVERSITY</u>                                                                                                                                                                    |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>95-1641455</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 140                   | 18              |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       | 16430           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 1460175               | 3004200         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 248353                | 248577          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 2601526               | 3123730         |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 92133868              | 75628383        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 15752000              | 16555596        |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 284030                | 437815          |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 112480092             | 99014749        |

**Liabilities**

|                                                                           |           |        |  |
|---------------------------------------------------------------------------|-----------|--------|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |        |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 331472 |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 331472 |  |

**Net Assets**

|                                                           |           |           |          |
|-----------------------------------------------------------|-----------|-----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 112148620 | 99014749 |
|-----------------------------------------------------------|-----------|-----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3014721    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1901836    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 467390     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 5383947   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 22831      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 12472      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 643551     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 678854    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 3530905    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3530905   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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)  |            | 208832    |
| (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) |            | -18587189 |
| c Other income .....                                                                            | 2c     |            | 70594     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -8714057  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 4099513    |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  | 123710     |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 4223223   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 2470      |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 194121     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 194121    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 4419814   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -13133871 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>MOUNT SAINT MARY'S UNIVERSITY 403(B) RETIREMENT PL                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MOUNT SAINT MARY'S UNIVERSITY                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>95-1641455                                            |
| 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):<br><br>EIN(s): 13-1624203 04-2647786                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</b>  | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

# **Mount Saint Mary's University 403(b) Retirement Plan**

Financial Statements and  
Supplementary Information

December 31, 2022 and 2021

# **Mount Saint Mary's University 403(b) Retirement Plan**

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December 31, 2022 and 2021

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## **Independent Auditors' Report**

To the Participants and Plan Administrator of  
Mount Saint Mary's University 403(b) Retirement Plan

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

We have performed audits of the financial statements of the Mount Saint Mary's University 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

### **Opinion**

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

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

## **Basis for Opinion**

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

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

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

The supplemental schedules, Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

*Baker Tilly US, LLP*

Minneapolis, Minnesota  
September 29, 2023

## Mount Saint Mary's University 403(b) Retirement Plan

### Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

|                                    | <u>2022</u>          | <u>2021</u>           |
|------------------------------------|----------------------|-----------------------|
| <b>Assets</b>                      |                      |                       |
| Investments at fair value          | \$ 96,057,582        | \$ 109,545,444        |
| Investments at contract value      | <u>2,692,142</u>     | <u>2,686,155</u>      |
| Total investments                  | <u>98,749,724</u>    | <u>112,231,599</u>    |
| Receivables:                       |                      |                       |
| Employer contributions             | 18                   | 140                   |
| Notes receivable from participants | 248,577              | 248,353               |
| Other employer contributions       | <u>16,430</u>        | <u>-</u>              |
| Total receivables                  | <u>265,025</u>       | <u>248,493</u>        |
| Total assets                       | <u>99,014,749</u>    | <u>112,480,092</u>    |
| <b>Liabilities</b>                 |                      |                       |
| Other liabilities                  | <u>-</u>             | <u>331,472</u>        |
| Net assets available for benefits  | <u>\$ 99,014,749</u> | <u>\$ 112,148,620</u> |

See notes to financial statements

## Mount Saint Mary's University 403(b) Retirement Plan

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

Year Ended December 31, 2022

#### Additions

Investment income (loss):

|                                               |                  |
|-----------------------------------------------|------------------|
| Net depreciation in fair value of investments | \$ (17,807,934)  |
| Interest and dividends                        | <u>3,626,864</u> |

|                     |                     |
|---------------------|---------------------|
| Net investment loss | <u>(14,181,070)</u> |
|---------------------|---------------------|

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest income on notes receivable from participants | <u>12,472</u> |
|-------------------------------------------------------|---------------|

Contributions:

|                              |               |
|------------------------------|---------------|
| Participants                 | 1,901,836     |
| Rollovers                    | 450,960       |
| Employer                     | 3,014,721     |
| Other employer contributions | <u>16,430</u> |

|                     |                  |
|---------------------|------------------|
| Total contributions | <u>5,383,947</u> |
|---------------------|------------------|

|                       |               |
|-----------------------|---------------|
| Plan servicing credit | <u>70,594</u> |
|-----------------------|---------------|

|                 |                    |
|-----------------|--------------------|
| Total additions | <u>(8,714,057)</u> |
|-----------------|--------------------|

#### Deductions

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 4,225,693      |
| Administrative expenses       | <u>194,121</u> |

|                  |                  |
|------------------|------------------|
| Total deductions | <u>4,419,814</u> |
|------------------|------------------|

|              |              |
|--------------|--------------|
| Net decrease | (13,133,871) |
|--------------|--------------|

#### Net Assets Available for Benefits

|           |                    |
|-----------|--------------------|
| Beginning | <u>112,148,620</u> |
|-----------|--------------------|

|        |                             |
|--------|-----------------------------|
| Ending | <u><u>\$ 99,014,749</u></u> |
|--------|-----------------------------|

See notes to financial statements

# Mount Saint Mary's University 403(b) Retirement Plan

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Notes to Financial Statements

December 31, 2022 and 2021

## 1. Description of the Plan

The following description of the Mount Saint Mary's University 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan established by Mount Saint Mary's University (the University) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and the requirements of Section 403(b) of the Internal Revenue Code. The University is the sponsor and Plan administrator and the Insurance Company of the Plan is TIAA and CREF (the Insurance Company) and Fidelity Management Trust Company also serves as a Custodian for certain assets of the Plan (the Custodian). The Insurance Company and Custodian manage the investments of the Plan, as directed by the participants, and make distributions according to the Plan's provisions. In addition, the Insurance Company and Custodian provide recordkeeping services for the Plan. The Plan is administered by the Retirement Committee which is responsible for oversight of the Plan. The Plan's Retirement Committee determines the appropriateness of the Plan's investment offerings. The Audit Committee oversees the audit and compliance requirements related to the Plan.

### Eligibility

All employees, excluding students, are eligible to make deferrals into the Plan. Employees who are classified as benefits eligible can receive University contributions into the Plan. Benefits eligible employees are those who are 80% FTE or higher. There is no age requirement to make employee deferral contributions or to be eligible for the University contributions.

### Contributions

The University may make discretionary matching and discretionary non-elective contributions to the Plan. Discretionary matching contributions may be equal to a uniform percentage or dollar amount of an eligible participant's elective deferrals.

For the year ended December 31, 2022, the University made a discretionary non-elective contribution equal to 7% of compensation, as defined by the plan document, for eligible employees. In addition, the University made discretionary matching contributions equal to 100% of employee contributions, up to 3% of participants' salary reductions.

Participant's salary reductions may be either a pre-tax contribution or post-tax contribution (Roth contribution). Participants may elect a salary reduction greater than 3%, but contributions are subject to certain IRS 403(b) deferral limitations. If a participant is 50 years of age or older, they may elect to defer additional amounts not to exceed \$6,500 for the year ended December 31, 2022 (catch-up contributions). Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions).

### Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, catch-up and rollover contributions and an allocation of the University's contributions and Plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Plan participants can designate the investment of their accounts in various funds with pre-selected investment objectives, each of which is invested in securities selected and managed by the Insurance Company and Custodian to meet the objectives of each fund.

# Mount Saint Mary's University 403(b) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

## Vesting

Participants become fully vested in their University contribution accounts after two years of service. If an employee has been credited with years of service at a predecessor employer of higher education, the years of service will be considered for vesting purposes at the University. University contributions, including both the discretionary 7% and the matching contributions, and earnings thereon vest in accordance with provisions of the Plan as follows:

| Vesting Years of Service | Percentage Vested |
|--------------------------|-------------------|
| Less than 2 years        | 0%                |
| 2 or more years          | 100%              |

For purposes of determining the extent to which a participant is vested, a year of service defined as the 12-month period commencing on an employee's hire date. Each participant may also become 100% vested on termination of service due to death, disability or upon normal retirement age as defined in the Plan.

Participant contributions (salary reduction, catch-up, rollovers and Roth) and their respective earnings are immediately vested.

## Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, reaching age 59½, retirement or termination of employment, as defined in the plan document. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment, installments or an annuity. Participants experiencing financial hardship may withdraw a portion of this account balance as defined in the plan document.

TIAA Traditional Annuity contract transfer and withdrawal options vary by type of contract owned. Plan participants may participate in one or more contracts. Liquidity options for these contracts are:

### Retirement Annuity Contract

TIAA Traditional Annuity withdrawals and transfers are distributed in ten annual installments.

### Group Retirement Annuity Contract

Lump-sum withdrawals are available within 120 days following termination of employment, subject to a 2.5% surcharge. All other withdrawals and transfers are distributed in ten annual installments or in five annual installments for withdrawals after termination of employment.

### Group Supplemental Retirement Annuity Contract

Subject to terms of the Plan, this contract allows for lump sum transfers and cash withdrawals. However, because of its greater liquidity, this contract is usually credited with a lower interest rate.

## Mount Saint Mary's University 403(b) Retirement Plan

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Notes to Financial Statements

December 31, 2022 and 2021

### Forfeited Accounts

The forfeited non-vested account balances included in net assets were \$9 and \$170 as of December 31, 2022 and 2021, respectively. The forfeited non-vested account balances may be used only to reduce future University contributions. University contributions were reduced by \$5,007 from forfeited non-vested accounts for the year ended December 31, 2022.

### Hardship Withdrawals

In the event of financial hardship, and with the approval of the plan administrator, a participant is entitled to withdraw a specified portion of the balance in the participant's elective deferral account. No withdrawal in any portion may be made from the participant's balance from employer contributions or from any earnings of the account.

### Notes Receivable from Participants

Effective January 1, 2019, participant loans allow participants to borrow from their account balances subject to the terms of the funding vehicle. General guidelines are that the minimum loan amount be \$1,000 while the maximum is the lesser of \$50,000 or 50% of their vested account balance. The interest rates will vary depending upon the terms of the funding vehicle.

As of December 31, 2022 and 2021, outstanding participant loans totaled \$248,577 and \$248,353, respectively. The loans are secured by the balance in the participant's account. As of December 31, 2022, rates of interest on outstanding notes receivable ranged from 4.25% to 8.00%, which are commensurate with local prevailing rates at inception of the loan as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly automatic payments to TIAA. Terms range from one to five years or greater for the purchase of a primary residence.

### Plan Loans

Plan loans that were issued prior to January 1, 2019 were issued as separate contracts by TIAA as contemplated under IRC section 72(p)(5) and do not represent Plan assets. Loans are collateralized using a participant's TIAA Traditional account balance in an amount equal to 110% of the outstanding loan balance. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 45% of their TIAA Traditional vested account balance. Loan terms range from one to five years in one-year increments. The loans bear interest at variable rates tied to the monthly average corporate yield, published by Moody's Investor Service, but the rate remains the same for the first year. Principal and interest is paid ratably by the participant to TIAA and each payment will reduce amounts collateralized by the borrowing participant's TIAA Traditional account balance.

As of December 31, 2022 and 2021, outstanding plan loans totaled \$116,009 and \$208,797, respectively. As of December 31, 2022 and 2021, plan loans in default totaled \$22,982 and \$22,037, respectively.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

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

## **Mount Saint Mary's University 403(b) Retirement Plan**

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Notes to Financial Statements

December 31, 2022 and 2021

### **Use of Estimates**

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

### **Investment Valuation and Income Recognition**

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance companies. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded on the cash basis, which approximates U.S. GAAP. Net depreciation includes the gains and losses on investments bought and sold as well as held during the year.

### **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 participant's Individual Agreements. These expenses may be allocated to all Plan participants, or for expenses directly related to one participant, charged against that participant's account balance. The University may, at its discretion, pay a portion or all of these expenses. Investment related expenses are included in net depreciation in fair value of investments.

### **Payment of Benefits**

Benefits are recorded when paid.

### **Subsequent Events**

The Plan has evaluated subsequent events for recognition or disclosure September 29, 2023, the date the financial statements were available to be issued.

The Secure 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management is evaluating the impact of the adoption and implementation of this legislation on the Plan.

## **3. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

## Mount Saint Mary's University 403(b) Retirement Plan

---

Notes to Financial Statements

December 31, 2022 and 2021

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

The money market fund is valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

Self-directed brokerage accounts are valued at the NAV at shares held by the Plan at year-end, as quoted in the active market.

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

The interest in variable annuity contracts are valued at NAV of shares, which are valued by the insurance company at accumulation unit value based on the estimated value of the underlying investments, held by the Plan at year-end. NAV is a readily determinable fair value and is the basis for current transactions.

Pooled separate accounts are valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist of mutual funds, each of which follows a separate investment strategy.

Investments in certain guaranteed investment (fixed annuity) contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issues. In determining the reasonableness of the methodology, the plan administrator 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 of payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

## Mount Saint Mary's University 403(b) Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

| <b>Assets at Fair Value as of December 31, 2022</b> |                      |                      |                      |                      |
|-----------------------------------------------------|----------------------|----------------------|----------------------|----------------------|
|                                                     | <b>Level 1</b>       | <b>Level 2</b>       | <b>Level 3</b>       | <b>Total</b>         |
| Fixed annuity contracts                             | \$ -                 | \$ -                 | \$ 13,863,454        | \$ 13,863,454        |
| Money market funds                                  | 3,004,200            | -                    | -                    | 3,004,200            |
| Mutual funds                                        | 55,145,974           | -                    | -                    | 55,145,974           |
| Pooled separate accounts                            | -                    | 3,123,730            | -                    | 3,123,730            |
| Variable annuity contracts                          | -                    | 20,482,409           | -                    | 20,482,409           |
| Self-directed brokerage accounts                    | 437,815              | -                    | -                    | 437,815              |
| <b>Total assets in the fair value hierarchy</b>     | <b>\$ 58,587,989</b> | <b>\$ 23,606,139</b> | <b>\$ 13,863,454</b> | <b>\$ 96,057,582</b> |

  

| <b>Assets at Fair Value as of December 31, 2021</b> |                      |                      |                      |                       |
|-----------------------------------------------------|----------------------|----------------------|----------------------|-----------------------|
|                                                     | <b>Level 1</b>       | <b>Level 2</b>       | <b>Level 3</b>       | <b>Total</b>          |
| Fixed annuity contracts                             | \$ -                 | \$ -                 | \$ 13,065,845        | \$ 13,065,845         |
| Money market funds                                  | 1,460,175            | -                    | -                    | 1,460,175             |
| Mutual funds                                        | 65,151,061           | -                    | -                    | 65,151,061            |
| Pooled separate accounts                            | -                    | 2,601,526            | -                    | 2,601,526             |
| Variable annuity contracts                          | -                    | 26,982,807           | -                    | 26,982,807            |
| Self-directed brokerage accounts                    | 284,030              | -                    | -                    | 284,030               |
| <b>Total assets in the fair value hierarchy</b>     | <b>\$ 66,895,266</b> | <b>\$ 29,584,333</b> | <b>\$ 13,065,845</b> | <b>\$ 109,545,444</b> |

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2022:

|                               | <b>Level 3 Assets<br/>Year Ended<br/>December 31,<br/>2022</b> |
|-------------------------------|----------------------------------------------------------------|
| Beginning balance             | \$ 13,065,845                                                  |
| Purchases                     | 1,042,864                                                      |
| Issuances                     | (700,863)                                                      |
| Realized and unrealized gains | 455,608                                                        |
| <b>Ending balance</b>         | <b>\$ 13,863,454</b>                                           |

In estimating fair value of the investments in Level 3, the Investment Committee (or equivalent) may use third-party pricing sources or appraisers.

## Mount Saint Mary's University 403(b) Retirement Plan

Notes to Financial Statements  
December 31, 2022 and 2021

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, as of December 31, 2022 and 2021, and the significant unobservable inputs and the ranges of values for those inputs.

| 2022                     |                     |                                   |                                     |                                                                   |
|--------------------------|---------------------|-----------------------------------|-------------------------------------|-------------------------------------------------------------------|
|                          | Fair Value Estimate | Valuation Techniques              | Unobservable Inputs                 | Ranges                                                            |
| TIAA Traditional Annuity | \$ 13,863,454       | Discounted Cash Flow              |                                     | RA - 3.70% - 6.25%<br>SRA - 3.00% - 5.50%<br>GRA - 3.70% - 6.25%  |
|                          |                     | Theoretical Transfer (Exit Value) | Risk-Adjusted Discount Rate Applied | GSRA - 3.00% - 5.50%<br>RC - 3.95% - 6.50%<br>RCP - 3.20% - 5.75% |
| 2021                     |                     |                                   |                                     |                                                                   |
|                          | Fair Value Estimate | Valuation Techniques              | Unobservable Inputs                 | Ranges                                                            |
| TIAA Traditional Annuity | \$ 13,065,845       | Discounted Cash Flow              |                                     | RA - 3.00% - 3.80%<br>SRA - 3.00% - 3.05%<br>GRA - 3.00% - 3.80%  |
|                          |                     | Theoretical Transfer (Exit Value) | Risk-Adjusted Discount Rate Applied | GSRA - 3.00% - 3.05%<br>RC - 2.75% - 3.90%<br>RCP - 2.00% - 3.15% |

#### 4. Investment Contracts with Insurance Company

Each participant maintains an individual annuity contract with TIAA and CREF. As part of the contracts, TIAA and CREF maintains a portion of the contributions in a "guaranteed account", which is called the Traditional Annuity. The account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses charged by TIAA and CREF. The guaranteed minimum rate of interest is based on a formula established by TIAA and CREF and is generally between 1% and 3%. Any additional interest is not guaranteed. The Traditional Annuity does not permit TIAA and CREF to terminate the agreement prior to the scheduled maturity date.

Certain Traditional Annuity individual annuity contracts are considered to be non benefit-responsive. These contracts are included in the financial statements at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering credit worthiness of the issuer. These contracts are subject to a 10-year withdrawal period. Upon termination of the contracts, the amount of each transfer payout annuity payment will be determined as of the annuity starting date for the transfer payout annuity by the amount of the Traditional Fixed Account accumulation and the interest rates in the rate schedules under which any premiums, additional amounts and internal transfers were applied to the account.

Certain Traditional Annuity individual annuity contracts meet the fully benefit-responsive criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Upon termination of the investment contract, the lump sum liquidation value of the guaranteed account portion of the participant's accumulation value shall be equal to the product of (a) the participant's guaranteed account accumulation value of the liquidation date, reduced by the liquidation charge applicable on the liquidation date and (b) a market value adjustment percentage. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

## Mount Saint Mary's University 403(b) Retirement Plan

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Notes to Financial Statements

December 31, 2022 and 2021

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

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

### 5. Related-Party and Party-In-Interest Transactions

The Plan's investments are managed by TIAA and CREF, the Insurance Company and Fidelity Management Trust Company, the Custodian, and therefore, the transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment manager services are included in net depreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

Certain administrative functions of the Plan are performed by officers or employees of the University. No such officers or employees receive compensation from the Plan.

### 6. 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. In the event of Plan termination, participants will become 100% vested in their accounts.

### 7. Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The plan administrator believes the Plan is operating in accordance with the applicable requirements of Section 403(b) of the IRC and therefore believes the Plan is qualified and the related custodial accounts are tax-exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **Mount Saint Mary's University 403(b) Retirement Plan**

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Notes to Financial Statements

December 31, 2022 and 2021

### **8. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

As of December 31, 2022 and 2021, the Plan had investments of \$13,863,453 and \$27,412,291, which were concentrated in one fund and two funds, respectively.

### **9. Information Certified by the Insurance Company and Custodian**

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2022 and 2021. Accordingly, TIAA and CREF, the Insurance Company, and Fidelity Management Trust Company, a Custodian of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2022 and 2021 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022.

**Mount Saint Mary's University 403(b) Retirement Plan**

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

EIN: 95-1641455 Plan Number: 001

December 31, 2022

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Fixed Annuity Contract</b>                                  |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | TIAA Traditional                                                                                                 | N/R         | \$ 13,863,454        |
|     | <b>Money Market Funds</b>                                      |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | CREF Money Market                                                                                                | N/R         | 1,359,698            |
|     | <b>Mutual Funds</b>                                            |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | TIAA-CREF Bond Index Fund - Institutional Class                                                                  | N/R         | 141,368              |
| *   | TIAA-CREF                                                      | TIAA-CREF International Equity Index Fund - Institutional Class                                                  | N/R         | 2,865,928            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2010 Fund - Institutional Class                                                              | N/R         | 1,729,360            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2015 Fund - Institutional Class                                                              | N/R         | 1,226,283            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2020 Fund - Institutional Class                                                              | N/R         | 1,508,198            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2025 Fund - Institutional Class                                                              | N/R         | 3,232,230            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2030 Fund - Institutional Class                                                              | N/R         | 6,067,467            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2035 Fund - Institutional Class                                                              | N/R         | 5,324,751            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2040 Fund - Institutional Class                                                              | N/R         | 5,278,711            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2045 Fund - Institutional Class                                                              | N/R         | 4,322,083            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2050 Fund - Institutional Class                                                              | N/R         | 2,728,434            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2055 Fund - Institutional Class                                                              | N/R         | 1,477,690            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2060 Fund - Institutional Class                                                              | N/R         | 659,767              |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2065 Fund - Institutional Class                                                              | N/R         | 13,273               |
| *   | TIAA-CREF                                                      | TIAA-CREF Small-Cap Equity Fund - Institutional Class                                                            | N/R         | 865,273              |
| *   | TIAA-CREF                                                      | TIAA-CREF S&P 500 Index Fund - Institutional Class                                                               | N/R         | 2,352,389            |
|     | American                                                       | American EuroPacific Growth Fund - Class R6                                                                      | N/R         | 533,387              |
|     | American                                                       | American Funds American Balanced Fund - Class R6                                                                 | N/R         | 741,375              |
|     | American                                                       | American Beacon Small Cap Value Fund - A                                                                         | N/R         | 283,071              |
|     | American                                                       | American Century Equity Income Fund - Class R6                                                                   | N/R         | 1,214,273            |
|     | Blackrock                                                      | Blackrock Mid-Cap Growth Equity Portfolio - Inst. Shares                                                         | N/R         | 170,996              |
|     | Columbia                                                       | Columbia Mid Cap Index Fund - Institutional Class 2                                                              | N/R         | 450,575              |
|     | Dodge & Cox                                                    | Dodge & Cox Stock Fund                                                                                           | N/R         | 1,497,127            |
|     | Invesco                                                        | Invesco Developing Markets Fund Class Y                                                                          | N/R         | 724,375              |
|     | John Hancock                                                   | John Hancock Disciplined Value Mid Cap Fund - Class R6                                                           | N/R         | 938,954              |
|     | Metropolitan West                                              | Metropolitan West Total Return Bond Market                                                                       | N/R         | 572,559              |
|     | MFS                                                            | MFS Global Equity Fund - Class R3                                                                                | N/R         | 438,635              |
|     | MFS                                                            | MFS Growth Fund Class R3                                                                                         | N/R         | 460,863              |
|     | PGIM                                                           | PGIM High Yield Z                                                                                                | N/R         | 392,887              |
|     | Pioneer                                                        | Pioneer Strategic Income Fund - Class Y                                                                          | N/R         | 176,259              |
|     | T. Rowe                                                        | T. Rowe Price Dividend Growth                                                                                    | N/R         | 1,339,167            |
|     | T. Rowe                                                        | T. Rowe Price Small-Cap Stock Fund - Class I                                                                     | N/R         | 990,558              |
|     | Vanguard                                                       | Vanguard Federal Money Market Fund                                                                               | N/R         | 2,442,418            |
|     | Vanguard                                                       | Vanguard Infl Protect Sec Adm                                                                                    | N/R         | 502,197              |
|     |                                                                | Total Mutual Funds                                                                                               |             | 53,662,881           |
|     | <b>Pooled Separate Account</b>                                 |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | TIAA Real Estate                                                                                                 | N/R         | 3,123,730            |
|     | <b>Variable Annuities</b>                                      |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | CREF Bond Market R2                                                                                              | N/R         | 760,942              |
| *   | TIAA-CREF                                                      | CREF Equity Index R2                                                                                             | N/R         | 2,947,726            |
| *   | TIAA-CREF                                                      | CREF Global Equities R2                                                                                          | N/R         | 847,086              |
| *   | TIAA-CREF                                                      | CREF Growth R2                                                                                                   | N/R         | 3,217,705            |
| *   | TIAA-CREF                                                      | CREF Inflation-Linked Bond R2                                                                                    | N/R         | 587,380              |
| *   | TIAA-CREF                                                      | CREF Social Choice R2                                                                                            | N/R         | 3,147,197            |
| *   | TIAA-CREF                                                      | CREF Stock R2                                                                                                    | N/R         | 8,974,373            |
|     |                                                                | Total Variable Annuities                                                                                         |             | 20,482,409           |
|     | <b>Self-Directed Brokerage Account</b>                         |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | TIAA-CREF Self Directed Account                                                                                  | N/R         | 437,815              |
|     | <b>Fully Benefit-Responsive Investment Contracts</b>           |                                                                                                                  |             |                      |
| *   | TIAA                                                           | TIAA Traditional                                                                                                 | N/R         | 2,692,142            |
| *   | <b>Participant Loans</b>                                       | Interest rates: 4.25% to 8.00%                                                                                   | \$0         | 248,577              |
|     |                                                                | Total TIAA-CREF                                                                                                  |             | \$ 95,870,706        |

# Mount Saint Mary's University 403(b) Retirement Plan

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

EIN: 95-1641455 Plan Number: 001

December 31, 2022

| (a)                       | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|---------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Money Market Funds</b> |                                                                |                                                                                                                  |             |                      |
| *                         | Fidelity®                                                      | Fidelity® Government Cash Reserve                                                                                | N/R         | 1,576,778            |
| *                         | Fidelity®                                                      | Fidelity® Government Market PRM                                                                                  | N/R         | \$ 585               |
| *                         | Fidelity®                                                      | Fidelity® Govt Money Market                                                                                      | N/R         | 67,139               |
|                           |                                                                | Total Money Market Funds                                                                                         |             | 1,644,502            |
| <b>Mutual Funds</b>       |                                                                |                                                                                                                  |             |                      |
| *                         | Fidelity®                                                      | Fidelity® Magellan® Fund                                                                                         | N/R         | 75,233               |
| *                         | Fidelity®                                                      | Fidelity® Balanced Fund                                                                                          | N/R         | 32,306               |
| *                         | Fidelity®                                                      | Fidelity® China Region Fund                                                                                      | N/R         | 16,102               |
| *                         | Fidelity®                                                      | Fidelity® Emerging Markets Fund                                                                                  | N/R         | 297                  |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2015                                                                                          | N/R         | 9,019                |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2020                                                                                          | N/R         | 10,753               |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2025                                                                                          | N/R         | 5,637                |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2040                                                                                          | N/R         | 215,132              |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2040 Premium Class                                                                            | N/R         | 4,840                |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2045                                                                                          | N/R         | 58,012               |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2050                                                                                          | N/R         | 25,654               |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2055                                                                                          | N/R         | 1,144                |
| *                         | Fidelity®                                                      | Fidelity® Freedom® Income Fund                                                                                   | N/R         | 34,292               |
| *                         | Fidelity®                                                      | Fidelity® High Income                                                                                            | N/R         | 12,014               |
| *                         | Fidelity®                                                      | Fidelity® Inflation-Protected Bond                                                                               | N/R         | 408                  |
| *                         | Fidelity®                                                      | Fidelity® International Growth Fund                                                                              | N/R         | 27,135               |
| *                         | Fidelity®                                                      | Fidelity® International Index                                                                                    | N/R         | 3,697                |
| *                         | Fidelity®                                                      | Fidelity® International Value Fund                                                                               | N/R         | 20,871               |
| *                         | Fidelity®                                                      | Fidelity® Low-Priced Stock                                                                                       | N/R         | 76,492               |
| *                         | Fidelity®                                                      | Fidelity® NASDAQ Composite Index Fund                                                                            | N/R         | 25,827               |
| *                         | Fidelity®                                                      | Fidelity® Overseas                                                                                               | N/R         | 40,496               |
| *                         | Fidelity®                                                      | Fidelity® Select Materials Portfolio                                                                             | N/R         | 18,163               |
| *                         | Fidelity®                                                      | Fidelity® Select Pharmaceuticals                                                                                 | N/R         | 31,523               |
| *                         | Fidelity®                                                      | Fidelity® Select Software & Comp Portfolio                                                                       | N/R         | 1,476                |
| *                         | Fidelity®                                                      | Fidelity® Small Cap Growth Fund                                                                                  | N/R         | 665                  |
| *                         | Fidelity®                                                      | Fidelity® Total Bond                                                                                             | N/R         | 71,361               |
| *                         | Fidelity®                                                      | Fidelity® Total Market Index                                                                                     | N/R         | 158,856              |
| *                         | Fidelity®                                                      | Fidelity® US Bond Index                                                                                          | N/R         | 5,282                |
| *                         | Fidelity®                                                      | Fidelity® Worldwide Fund                                                                                         | N/R         | 509                  |
| *                         | Fidelity                                                       | Fidelity 500 Index Fund                                                                                          | N/R         | 476,357              |
| *                         | Fidelity                                                       | Fidelity Asset Manager® 50% Fund                                                                                 | N/R         | 23,540               |
|                           |                                                                | Total mutual funds                                                                                               |             | 1,483,093            |
|                           |                                                                | Total Fidelity                                                                                                   |             | 3,127,595            |
|                           |                                                                | Total investments and participant loans                                                                          |             | \$ 98,998,301        |

\* A party-in-interest as defined by ERISA

**Mount Saint Mary's University 403(b) Retirement Plan**

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

EIN: 95-1641455 Plan Number: 001

December 31, 2022

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Fixed Annuity Contract</b>                                  |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | TIAA Traditional                                                                                                 | N/R         | \$ 13,863,454        |
|     | <b>Money Market Funds</b>                                      |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | CREF Money Market                                                                                                | N/R         | 1,359,698            |
|     | <b>Mutual Funds</b>                                            |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | TIAA-CREF Bond Index Fund - Institutional Class                                                                  | N/R         | 141,368              |
| *   | TIAA-CREF                                                      | TIAA-CREF International Equity Index Fund - Institutional Class                                                  | N/R         | 2,865,928            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2010 Fund - Institutional Class                                                              | N/R         | 1,729,360            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2015 Fund - Institutional Class                                                              | N/R         | 1,226,283            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2020 Fund - Institutional Class                                                              | N/R         | 1,508,198            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2025 Fund - Institutional Class                                                              | N/R         | 3,232,230            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2030 Fund - Institutional Class                                                              | N/R         | 6,067,467            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2035 Fund - Institutional Class                                                              | N/R         | 5,324,751            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2040 Fund - Institutional Class                                                              | N/R         | 5,278,711            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2045 Fund - Institutional Class                                                              | N/R         | 4,322,083            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2050 Fund - Institutional Class                                                              | N/R         | 2,728,434            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2055 Fund - Institutional Class                                                              | N/R         | 1,477,690            |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2060 Fund - Institutional Class                                                              | N/R         | 659,767              |
| *   | TIAA-CREF                                                      | TIAA-CREF Lifecycle 2065 Fund - Institutional Class                                                              | N/R         | 13,273               |
| *   | TIAA-CREF                                                      | TIAA-CREF Small-Cap Equity Fund - Institutional Class                                                            | N/R         | 865,273              |
| *   | TIAA-CREF                                                      | TIAA-CREF S&P 500 Index Fund - Institutional Class                                                               | N/R         | 2,352,389            |
|     | American                                                       | American EuroPacific Growth Fund - Class R6                                                                      | N/R         | 533,387              |
|     | American                                                       | American Funds American Balanced Fund - Class R6                                                                 | N/R         | 741,375              |
|     | American                                                       | American Beacon Small Cap Value Fund - A                                                                         | N/R         | 283,071              |
|     | American                                                       | American Century Equity Income Fund - Class R6                                                                   | N/R         | 1,214,273            |
|     | Blackrock                                                      | Blackrock Mid-Cap Growth Equity Portfolio - Inst. Shares                                                         | N/R         | 170,996              |
|     | Columbia                                                       | Columbia Mid Cap Index Fund - Institutional Class 2                                                              | N/R         | 450,575              |
|     | Dodge & Cox                                                    | Dodge & Cox Stock Fund                                                                                           | N/R         | 1,497,127            |
|     | Invesco                                                        | Invesco Developing Markets Fund Class Y                                                                          | N/R         | 724,375              |
|     | John Hancock                                                   | John Hancock Disciplined Value Mid Cap Fund - Class R6                                                           | N/R         | 938,954              |
|     | Metropolitan West                                              | Metropolitan West Total Return Bond Market                                                                       | N/R         | 572,559              |
|     | MFS                                                            | MFS Global Equity Fund - Class R3                                                                                | N/R         | 438,635              |
|     | MFS                                                            | MFS Growth Fund Class R3                                                                                         | N/R         | 460,863              |
|     | PGIM                                                           | PGIM High Yield Z                                                                                                | N/R         | 392,887              |
|     | Pioneer                                                        | Pioneer Strategic Income Fund - Class Y                                                                          | N/R         | 176,259              |
|     | T. Rowe                                                        | T. Rowe Price Dividend Growth                                                                                    | N/R         | 1,339,167            |
|     | T. Rowe                                                        | T. Rowe Price Small-Cap Stock Fund - Class I                                                                     | N/R         | 990,558              |
|     | Vanguard                                                       | Vanguard Federal Money Market Fund                                                                               | N/R         | 2,442,418            |
|     | Vanguard                                                       | Vanguard Infl Protect Sec Adm                                                                                    | N/R         | 502,197              |
|     |                                                                | Total Mutual Funds                                                                                               |             | 53,662,881           |
|     | <b>Pooled Separate Account</b>                                 |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | TIAA Real Estate                                                                                                 | N/R         | 3,123,730            |
|     | <b>Variable Annuities</b>                                      |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | CREF Bond Market R2                                                                                              | N/R         | 760,942              |
| *   | TIAA-CREF                                                      | CREF Equity Index R2                                                                                             | N/R         | 2,947,726            |
| *   | TIAA-CREF                                                      | CREF Global Equities R2                                                                                          | N/R         | 847,086              |
| *   | TIAA-CREF                                                      | CREF Growth R2                                                                                                   | N/R         | 3,217,705            |
| *   | TIAA-CREF                                                      | CREF Inflation-Linked Bond R2                                                                                    | N/R         | 587,380              |
| *   | TIAA-CREF                                                      | CREF Social Choice R2                                                                                            | N/R         | 3,147,197            |
| *   | TIAA-CREF                                                      | CREF Stock R2                                                                                                    | N/R         | 8,974,373            |
|     |                                                                | Total Variable Annuities                                                                                         |             | 20,482,409           |
|     | <b>Self-Directed Brokerage Account</b>                         |                                                                                                                  |             |                      |
| *   | TIAA-CREF                                                      | TIAA-CREF Self Directed Account                                                                                  | N/R         | 437,815              |
|     | <b>Fully Benefit-Responsive Investment Contracts</b>           |                                                                                                                  |             |                      |
| *   | TIAA                                                           | TIAA Traditional                                                                                                 | N/R         | 2,692,142            |
| *   | <b>Participant Loans</b>                                       | Interest rates: 4.25% to 8.00%                                                                                   | \$0         | 248,577              |
|     |                                                                | Total TIAA-CREF                                                                                                  |             | \$ 95,870,706        |

# Mount Saint Mary's University 403(b) Retirement Plan

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

EIN: 95-1641455 Plan Number: 001

December 31, 2022

| (a)                       | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|---------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Money Market Funds</b> |                                                                |                                                                                                                  |             |                      |
| *                         | Fidelity®                                                      | Fidelity® Government Cash Reserve                                                                                | N/R         | 1,576,778            |
| *                         | Fidelity®                                                      | Fidelity® Government Market PRM                                                                                  | N/R         | \$ 585               |
| *                         | Fidelity®                                                      | Fidelity® Govt Money Market                                                                                      | N/R         | 67,139               |
|                           |                                                                | Total Money Market Funds                                                                                         |             | 1,644,502            |
| <b>Mutual Funds</b>       |                                                                |                                                                                                                  |             |                      |
| *                         | Fidelity®                                                      | Fidelity® Magellan® Fund                                                                                         | N/R         | 75,233               |
| *                         | Fidelity®                                                      | Fidelity® Balanced Fund                                                                                          | N/R         | 32,306               |
| *                         | Fidelity®                                                      | Fidelity® China Region Fund                                                                                      | N/R         | 16,102               |
| *                         | Fidelity®                                                      | Fidelity® Emerging Markets Fund                                                                                  | N/R         | 297                  |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2015                                                                                          | N/R         | 9,019                |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2020                                                                                          | N/R         | 10,753               |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2025                                                                                          | N/R         | 5,637                |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2040                                                                                          | N/R         | 215,132              |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2040 Premium Class                                                                            | N/R         | 4,840                |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2045                                                                                          | N/R         | 58,012               |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2050                                                                                          | N/R         | 25,654               |
| *                         | Fidelity®                                                      | Fidelity® Freedom® 2055                                                                                          | N/R         | 1,144                |
| *                         | Fidelity®                                                      | Fidelity® Freedom® Income Fund                                                                                   | N/R         | 34,292               |
| *                         | Fidelity®                                                      | Fidelity® High Income                                                                                            | N/R         | 12,014               |
| *                         | Fidelity®                                                      | Fidelity® Inflation-Protected Bond                                                                               | N/R         | 408                  |
| *                         | Fidelity®                                                      | Fidelity® International Growth Fund                                                                              | N/R         | 27,135               |
| *                         | Fidelity®                                                      | Fidelity® International Index                                                                                    | N/R         | 3,697                |
| *                         | Fidelity®                                                      | Fidelity® International Value Fund                                                                               | N/R         | 20,871               |
| *                         | Fidelity®                                                      | Fidelity® Low-Priced Stock                                                                                       | N/R         | 76,492               |
| *                         | Fidelity®                                                      | Fidelity® NASDAQ Composite Index Fund                                                                            | N/R         | 25,827               |
| *                         | Fidelity®                                                      | Fidelity® Overseas                                                                                               | N/R         | 40,496               |
| *                         | Fidelity®                                                      | Fidelity® Select Materials Portfolio                                                                             | N/R         | 18,163               |
| *                         | Fidelity®                                                      | Fidelity® Select Pharmaceuticals                                                                                 | N/R         | 31,523               |
| *                         | Fidelity®                                                      | Fidelity® Select Software & Comp Portfolio                                                                       | N/R         | 1,476                |
| *                         | Fidelity®                                                      | Fidelity® Small Cap Growth Fund                                                                                  | N/R         | 665                  |
| *                         | Fidelity®                                                      | Fidelity® Total Bond                                                                                             | N/R         | 71,361               |
| *                         | Fidelity®                                                      | Fidelity® Total Market Index                                                                                     | N/R         | 158,856              |
| *                         | Fidelity®                                                      | Fidelity® US Bond Index                                                                                          | N/R         | 5,282                |
| *                         | Fidelity®                                                      | Fidelity® Worldwide Fund                                                                                         | N/R         | 509                  |
| *                         | Fidelity                                                       | Fidelity 500 Index Fund                                                                                          | N/R         | 476,357              |
| *                         | Fidelity                                                       | Fidelity Asset Manager® 50% Fund                                                                                 | N/R         | 23,540               |
|                           |                                                                | Total mutual funds                                                                                               |             | 1,483,093            |
|                           |                                                                | Total Fidelity                                                                                                   |             | 3,127,595            |
|                           |                                                                | Total investments and participant loans                                                                          |             | \$ 98,998,301        |

\* A party-in-interest as defined by ERISA

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0010  
1510-0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

- 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 instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

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

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><b>MOUNT SAINT MARY'S UNIVERSITY 403(B) RETIREMENT PL</b>                                                                                                                                                                                                                                                                                      | <b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan<br><b>09/01/1960</b>                                                                                                                                 |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>MOUNT SAINT MARY'S UNIVERSITY</b><br><br><b>12001 CHALON ROAD</b><br><br><b>LOS ANGELES CA 90049</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>95-1641455</b><br><b>2c</b> Plan Sponsor's telephone number<br><b>310-954-4035</b><br><b>2d</b> Business code (see instructions) |

**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.

|                                                                                                                                               |                          |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br><br>Signature of plan administrator    | <b>10/5/2023</b><br>Date | <b>ANDREW LOCCISANO</b><br>Enter name of individual signing as plan administrator |
| <b>SIGN HERE</b><br><br>Signature of employer/plan sponsor | <b>10/5/2023</b><br>Date | Enter name of individual signing as employer or plan sponsor                      |
| <b>SIGN HERE</b><br>Signature of DFE                                                                                                          | Date                     | Enter name of individual signing as DFE                                           |

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

Form 5500 (2022)  
v. 220413

|                                                                                                          |                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN              |
|                                                                                                          | <b>3c</b> Administrator's telephone number |
|                                                                                                          |                                            |

|                                                                                                                                                                                                                                       |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | <b>4b</b> EIN |
| <b>a</b> Sponsor's name                                                                                                                                                                                                               | <b>4d</b> PN  |
| <b>c</b> Plan Name                                                                                                                                                                                                                    |               |

|                                                                                                                                                          |              |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                  | <b>5</b>     | 1,154 |
| <b>6</b> 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). |              |       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year                                                                        | <b>6a(1)</b> | 605   |
| <b>a(2)</b> Total number of active participants at the end of the plan year                                                                              | <b>6a(2)</b> | 630   |
| <b>b</b> Retired or separated participants receiving benefits                                                                                            | <b>6b</b>    | 0     |
| <b>c</b> Other retired or separated participants entitled to future benefits                                                                             | <b>6c</b>    | 519   |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c                                                                                                           | <b>6d</b>    | 1,149 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits                                                     | <b>6e</b>    | 22    |
| <b>f</b> Total. Add lines 6d and 6e                                                                                                                      | <b>6f</b>    | 1,171 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)                | <b>6g</b>    | 1,155 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested                     | <b>6h</b>    | 11    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                           | <b>7</b>     |       |

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

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

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

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

**a** Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b** General Schedules

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