

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... [X] an amended return/report [ ] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [ ] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... [ ] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PL
1b Three-digit plan number (PN): 001
1c Effective date of plan: 09/01/1956
2a Plan sponsor's name (employer, if for a single-employer plan): SAINT ELIZABETH UNIVERSITY
2b Employer Identification Number (EIN): 22-1529785
2c Plan Sponsor's telephone number: 973-290-4478
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature. 2. Signature of plan administrator, Date: 04/15/2025, Name: AARON ASKA. 3. Signature of employer/plan sponsor. 4. Signature of DFE.

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

Form 5500 (2024) v. 240311

<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>a</b> Sponsor's name <b>c</b> Plan Name COLLEGE OF SAINT ELIZABETH DEFINED CONTRIBUTION PLAN	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	321
<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>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	234
	<b>6a(2)</b>	335
	<b>6b</b>	
	<b>6c</b>	92
	<b>6d</b>	427
	<b>6e</b>	1
	<b>6f</b>	428
	<b>6g(1)</b>	297
<b>6g(2)</b>	409	
<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:  
2F 2G 2L 2M

**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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2021** and ending **08/31/2022**

<b>A</b> Name of plan <b>SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PL</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SAINT ELIZABETH UNIVERSITY</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1529785</b>	

**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
<b>13-1624203</b>	<b>69345</b>	<b>500145</b>	<b>200</b>	<b>09/01/2021</b>	<b>08/31/2022</b>

**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.

<b>(a) Total amount of commissions paid</b>	<b>(b) Total amount of fees paid</b>
<b>0</b>	<b>0</b>

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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 .....	7738591
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	7553752
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	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. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 7733719
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 24085
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 292742
	(4) Transferred from separate account .....	<b>7c(4)</b> 1346975
	(5) Other (specify below)..... ▶ OTHER INCOME	<b>7c(5)</b> 21316
	(6) Total additions .....	<b>7c(6)</b> 1685118
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 9418837
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 374909
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b> 1119768
	(4) Other (specify below)..... ▶ OTHER EXPENSE, RETURNED DEPOSIT	<b>7e(4)</b> 185569
(5) Total deductions .....	<b>7e(5)</b> 1680246	
<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> 7738591

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **09/01/2021** and ending **08/31/2022**

<b>A</b> Name of plan <b>SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PL</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SAINT ELIZABETH UNIVERSITY</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1529785</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

FIDUCIARY ADVISORS

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 50	INVESTMENT ADVISOR	11669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 50 52	CUSTODIAN	5571	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

<b>A</b> Name of plan <u>SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PL</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAINT ELIZABETH UNIVERSITY</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1529785</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
<b>c</b> EIN-PN <u>13-1624203-004</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>913923</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>09/01/2021</b> and ending <b>08/31/2022</b>	
<b>A</b> Name of plan <b>SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PL</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SAINT ELIZABETH UNIVERSITY</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1529785</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<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>	3245 4355
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	24063 30014
<b>(3)</b> Other .....	<b>1b(3)</b>	188058
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<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>	108834 86638
<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>	793722 913923
<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>	20890414 15683295
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	7733719 7738591
<b>(15)</b> Other .....	<b>1c(15)</b>	

<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>	29553997	24644874
<b>Liabilities</b>			
<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>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	29553997	24644874

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	95274	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	668528	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	196703	
(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>		960505
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<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>	4294	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	292925	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		297219
<b>(2) Dividends:</b>			
<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>	676500	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		676500
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<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)		154764
(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)		-3545814
<b>c</b> Other income .....	2c		9738
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		-1447088

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3444795	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		3444795
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	17240	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		17240
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		3462035

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-4909123
<b>l</b> 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: CAPIN CROUSE

(2) EIN: 36-3990892

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35814
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

Financial Statements  
With Independent Auditors' Report

EIN: 22-1529785 Plan 001

August 31, 2023 and 2022



# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

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## INDEPENDENT AUDITORS' REPORT

Plan Administrator and Plan Participants  
Saint Elizabeth University Defined Contribution Plan  
Morristown, New Jersey

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

We have performed audits of the accompanying financial statements of Saint Elizabeth University Defined Contribution 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 August 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the 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 investment information is prepared and certified to by the qualified institution 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 and for the years ended August 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the Financial Statements***

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the information in the financial statements referred to above 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 on the Financial Statements***

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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Emphasis of Matter – Restatement of 2022 Financial Statements***

In our previous report dated September 11, 2023, we disclaimed an opinion on the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, because, as described in Note 11, the Plan did not operate in compliance with its Plan document in regards to the automatic enrollment provision, compensation definition, and allowing employees working less than 30 hours per week to participate in the Plan. Consequently, we were unable to determine whether any adjustments related to the Plan's contributions receivable from the Plan sponsor for 2022, or any prior years, were necessary.

As described in Note 11, the Plan has determined the amount of the corrective contributions necessary to compensate participants for any missed deferral opportunity, missed employer contributions, and lost earnings, and restated its 2022 financial statements to reflect the impact of those corrective contributions. Accordingly, our present opinion on the restated 2022 financial statements, as presented herein, is different from that expressed in our previous report.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are issued or available to be issued.

Management is 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

Plan Administrator and Plan Participants  
Saint Elizabeth University Defined Contribution Plan  
Morristown, New Jersey

- 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 GAAP.

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 GAAP.

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

***Other Matter —Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the years ended August 31, 2023 and 2022, Schedule H, Line 4i – Schedule of Assets Held at End of Year as of August 31, 2023, and Schedule H, Line 4i – Schedule of Assets Held at End of Year as of August 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental 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 schedules, other than the information in the supplemental schedules 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 schedules related to assets held by or certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Capin Crouse LLC*

New York, New York  
April 15, 2025

**SAINT ELIZABETH UNIVERSITY  
DEFINED CONTRIBUTION PLAN**

**Statements of Net Assets Available for Benefits**

	August 31,	
	2023	2022
		As Restated (Note 11)
<b>ASSETS:</b>		
Investments, at fair value	\$ 24,330,480	\$ 23,313,068
Investments, at contract value	1,045,979	1,022,741
	25,376,459	24,335,809
Contributions receivable:		
Employee	32,685	30,014
Employer	6,329	4,355
Corrective employer contributions	265,795	188,058
Notes receivable from participants	107,366	86,638
	412,175	309,065
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 25,788,634</b>	<b>\$ 24,644,874</b>

See notes to financial statements

**SAINT ELIZABETH UNIVERSITY  
DEFINED CONTRIBUTION PLAN**

**Statements of Changes in Net Assets Available for Benefits**

	August 31,	
	2023	2022 As Restated (Note 11)
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 1,131,923	\$ (3,391,024)
Interest and dividends	794,862	969,249
	1,926,785	(2,421,775)
Contributions:		
Employee	691,111	668,528
Employer	141,294	95,274
Corrective employer	77,737	188,058
Rollovers	8,429	8,645
	918,571	960,505
Interest on notes receivable from participants	6,366	4,294
Other income	4,358	9,888
	2,856,080	(1,447,088)
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>		
Benefits paid to participants	1,696,017	3,444,795
Administrative expenses	16,303	17,240
	1,712,320	3,462,035
Total Deductions	1,712,320	3,462,035
Net Change In Net Assets Available For Benefits	1,143,760	(4,909,123)
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of year	24,644,874	29,553,997
End of year	\$ 25,788,634	\$ 24,644,874

See notes to financial statements

# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

## Notes to the Financial Statements

August 31, 2023 and 2022

### 1. DESCRIPTION OF THE PLAN:

The following brief description of the Saint Elizabeth University Defined Contribution Plan (Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

#### GENERAL

The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code (the Code) covering all eligible employees of Saint Elizabeth University (the University). Employees are eligible to become participants and make deferral contributions to the Plan. Student employees, non-resident aliens and those who are eligible for other eligible plans are not eligible to participate in the Plan.

Eligible employees can receive employer matching contributions after six months of plan participation and attaining age 21. As of August 31, 2022, only participants who are classified as full-time will be eligible for matching contributions upon completion of six consecutive months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Code. The Board of Trustees is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

#### CONTRIBUTIONS

Each year, participants may contribute a portion of their annual compensation as pre-tax, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions, up to \$7,500 in 2023 and 2022. Participants who have been employed for at least 15 years may also make special 403(b) catch-up contributions not to exceed \$3,000 per annum or \$15,000 in a lifetime. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The University matches 100% of participant contributions, up to 2% of compensation for eligible participants. Adjunct faculty and part-time employees are excluded from employer contributions.

#### PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and the University's matching contributions, as well as allocations of Plan earnings and administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. All amounts in participant accounts are participant-directed.

# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

## Notes to the Financial Statements

August 31, 2023 and 2022

1. DESCRIPTION OF THE PLAN, continued:

### PARTICIPANT LOANS

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through payroll deductions.

### VESTING

Participants are vested immediately in their contributions, including salary deferral and rollover contributions plus actual earnings thereon. Participants are also immediately vested in the University's contributions.

### PAYMENT OF BENEFITS

Upon termination of service due to death, disability, or retirement, participants may elect to receive benefits in one of the following forms: lump sum withdrawal, partial payment, installment payments, or annuity contracts. Participants over age 59½ may make in-service withdrawals from employee deferrals only. A participant may elect to receive a distribution of their rollover contributions at any time. A participant may also take a hardship distribution from all contribution sources and related earnings under qualifying events.

### FORFEITURES

Amounts that are forfeited due to a participant's termination of employment prior to 100% vesting in employer contributions made on the participant's behalf are used to reduce future employer contributions. As of August 31, 2023 and 2022, the balance in forfeited nonvested accounts was \$14 and \$13, respectively. No forfeitures were used to reduce employer contributions for the year ended August 31, 2023.

2. SIGNIFICANT ACCOUNTING POLICIES:

### BASIS OF ACCOUNTING

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The significant accounting policies adopted by the Plan are described below.

### USE OF ESTIMATES

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

## Notes to the Financial Statements

August 31, 2023 and 2022

### 2. SIGNIFICANT ACCOUNTING POLICIES, continued:

#### 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. See Note 4 for a discussion of fair value measurements and Note 5 for a discussion on fully benefit-responsive investment contracts.

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

#### NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants represent participant loans, and are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

#### PAYMENT OF BENEFITS

Benefits are recorded when paid.

#### OPERATING EXPENSES

Certain expenses of maintaining the Plan are paid directly by the University and are excluded from these financial statements. Fees related to the recordkeeping and investment related expenses are included in net depreciation of fair value of investments.

### 3. INFORMATION CERTIFIED BY THE QUALIFYING INSTITUTION:

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. Accordingly, Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equity Fund (CREF) have certified the completeness and accuracy of all investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of August 31, 2023 and 2022, the supplemental schedules H, Line 4i-Schedule of Assets (Held at End of Year), as of August 31, 2023 and 2022, and the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended August 31, 2023 and 2022. TIAA, Trust N.A. is the custodian of the portion of Plan assets invested in mutual fund shares and has authorized TIAA to certify investments held by TIAA, Trust, N.A. TIAA and CREF is the issuer of the remaining assets in the Plan.

**SAINT ELIZABETH UNIVERSITY  
DEFINED CONTRIBUTION PLAN**

**Notes to the Financial Statements**

August 31, 2023 and 2022

4. FAIR VALUE MEASUREMENTS:

The Plan uses appropriate valuation techniques to determine fair value based on inputs available. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at August 31, 2023:				
Mutual funds	\$ 10,108,295	\$ 10,108,295	\$ -	\$ -
Variable annuity contracts	6,743,480	6,743,480	-	-
Non benefit-responsive fixed annuity contracts	6,694,480	-	-	6,694,480
Pooled separate accounts	784,225	784,225	-	-
	<u>\$ 24,330,480</u>	<u>\$ 17,636,000</u>	<u>\$ -</u>	<u>\$ 6,694,480</u>

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at August 31, 2022:				
Mutual funds	\$ 9,043,466	\$ 9,043,466	\$ -	\$ -
Variable annuity contracts	6,639,829	6,639,829	-	-
Non benefit-responsive fixed annuity contracts	6,715,850	-	-	6,715,850
Pooled separate accounts	913,923	913,923	-	-
	<u>\$ 23,313,068</u>	<u>\$ 16,597,218</u>	<u>\$ -</u>	<u>\$ 6,715,850</u>

# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

## Notes to the Financial Statements

August 31, 2023 and 2022

4. FAIR VALUE MEASUREMENTS, continued:

**VALUATION TECHNIQUES**

Mutual funds are valued at the daily closing price as reported by the fund. Pooled separate accounts and CREF variable annuity contracts are primarily valued based on the value of underlying investments, which are valued using market quotations obtained from independent pricing sources. Non benefit-responsive fixed annuity contracts are not actively traded and significant other observable inputs are not available. Therefore, the fair value of the non-benefit responsive fixed annuity contracts is determined using an income approach by discounting the related cash flows based on the current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. These contracts have liquidity restrictions. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. The discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period.

Changes in valuation techniques: None.

Level 3 investments totaled \$6,694,480 and \$6,715,850 as of August 31, 2023 and 2022, respectively. Total purchases of level 3 investments were \$62,469 and \$1,268,835 and total sales were \$427,726 and \$1,619,475 during the years ended August 31, 2023 and 2022, respectively.

The following table presents information about significant unobservable inputs related to the Plan's investment in the TIAA Traditional Annuity:

	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range (Weighted Average)</u>
August 31, 2023:				
TIAA Traditional Annuity Non benefit-responsive	\$ 6,694,480	Discounted cash flow	Risk-adjusted discount rate applied	4.25%-7.00%
August 31, 2022:				
TIAA Traditional Annuity Non benefit-responsive	\$ 6,715,850	Discounted cash flow	Risk-adjusted discount rate applied	6.00%-6.25%

# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

## Notes to the Financial Statements

August 31, 2023 and 2022

### 5. GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY:

The Plan has benefit-responsive guaranteed investment contracts with TIAA. TIAA maintains the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and may not be less than 3.00%. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of benefit-responsive guaranteed investment contracts at August 31, 2023 and 2022, was \$1,045,979 and \$1,022,741, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date.

### 6. PLAN TERMINATION:

Although it has not expressed any intent to do so, the University has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

## Notes to the Financial Statements

August 31, 2023 and 2022

7. TAX STATUS:

The Plan has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service dated August 8, 2017, stating that the form of the pre-approved plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

Tax positions are recognized on if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. PARTIES-IN-INTEREST TRANSACTIONS:

TIAA and CREF, the insurance issuer of the Plan, manages Plan investments. Direct fees paid by the Plan during the years ended August 31, 2023 and 2022, for administrative services were \$10,131 and \$16,075, respectively. Investment management fees were included as a reduction of the return earned on each fund. These transactions qualify as party-in-interest transactions.

9. RISKS AND UNCERTAINTIES:

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

10. SUBSEQUENT EVENTS:

Subsequent events have been evaluated through April 15, 2025, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

# SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PLAN

## Notes to the Financial Statements

August 31, 2023 and 2022

### 11. CORRECTION OF AN ERROR AND CORRECTIVE CONTRIBUTIONS

Prior to September 1, 2022, the Plan had not been operating in accordance with the plan document as it related to implementing its auto-enrollment provision, compensation definition, and allowing employees working less than 30 hours per week to participate in the Plan. Management estimated the amount of corrections due to affected participants and related lost earnings to be \$265,795 and \$188,058 as of August 31, 2023 and 2022, respectively, and has recorded a corrective contribution receivable to the financial statements. The University is in the process of correcting these errors through the IRS Employee Plan Compliance Resolution System. The University will make whatever corrections are necessary and, therefore, believes that the Plan will remain qualified. Corrections are anticipated to be made by May 1, 2025.

The 2022 financial statements have been restated for a correction of an error related to these corrective contributions. The corrective employer contributions receivable represents amounts due to the Plan in order to make participants whole related to operational errors for past years.

	As Originally Reported	As Adjusted	Effect of Correction
Corrective employer contributions receivable as of August 31, 2022	\$ -	\$ 188,058	\$ 188,058
Corrective employer contributions for the year ended August 31, 2022	\$ -	\$ 188,058	\$ 188,058

The effect on the 2022 financial statements was to increase net assets available for benefits by \$188,058.

## **SUPPLEMENTAL SCHEDULES**

**SAINT ELIZABETH UNIVERSITY  
DEFINED CONTRIBUTION PLAN**

**Schedule H, Line 4a–Schedule of Delinquent Participant Contributions  
EIN: 57-0314365 and Plan Number: 001**

Year Ended August 31, 2023 and 2022

	Total that Constitute Nonexempt Prohibited Transactions			Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51*
Check here if late participant loan repayments are included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
Participant contributions transferred late to the Plan for the year ended:					
August 31, 2023	\$ -	\$ 193,089	\$ -	\$ -	\$ -
August 31, 2022	\$ -	\$ 35,814	\$ -	\$ -	\$ -

\* Prohibited transaction exemption

Note: Contributions have been remitted but lost earnings have not been calculated.

**SAINT ELIZABETH UNIVERSITY  
DEFINED CONTRIBUTION PLAN**

**Schedule H, Line 4i–Schedule of Assets (Held at End of Year)  
EIN: 22-1529785 and Plan 001**

August 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current value
<u>Mutual funds:</u>				
*	TIAA	TIAA-CREF Lifecycle Rtmt Inc-Rtmt	1,551.11 shares	\$ 16,411
*	TIAA	TIAA-CREF Lifecycle 2010-Rtmt	85,456.78 shares	1,045,136
*	TIAA	TIAA-CREF Lifecycle 2015-Rtmt	53,086.63 shares	614,212
*	TIAA	TIAA-CREF Lifecycle 2020-Rtmt	80,874.41 shares	1,001,225
*	TIAA	TIAA-CREF Lifecycle 2025-Rtmt	86,180.27 shares	1,128,100
*	TIAA	TIAA-CREF Lifecycle 2030-Rtmt	66,722.21 shares	916,096
*	TIAA	TIAA-CREF Lifecycle 2035-Rtmt	63,353.42 shares	919,258
*	TIAA	TIAA-CREF Lifecycle 2040-Rtmt	51,165.18 shares	779,757
*	TIAA	TIAA-CREF Lifecycle 2045-Rtmt	30,216.41 shares	370,151
*	TIAA	TIAA-CREF Lifecycle 2050-Rtmt	10,096.43 shares	126,912
*	TIAA	TIAA-CREF Lifecycle 2055-Rtmt	8,395.32 shares	125,678
*	TIAA	TIAA-CREF Lifecycle 2060-Rtmt	3,342.80 shares	43,222
*	TIAA	TIAA-CREF Lifecycle 2065-Rtmt	1,004.72 shares	11,253
*	TIAA	TIAA-CREF Money Market-Rtmt	143,231.74 shares	143,232
	Vanguard	500 Index Admiral	2,572.04 shares	1,072,491
	Vanguard	Extended Market Index Adm	3,611.99 shares	414,295
	Vanguard	Total International Stock Index Adm	10,096.48 shares	301,683
	American Funds	EuroPacific Growth R6	4,103.53 shares	222,165
	American Beacon	Large Cap Value R6	13,904.81 shares	354,155
	Vanguard	Total Bond Market Index Adm	17,435.45 shares	164,591
	Delaware	Small Cap Value Inst	939.79 shares	66,622
	Metropolitan West	Total Retirement Bond I	9,535.14 shares	85,244
	Loomis Sayles	Small Cap Gr Retail	2,622.42 shares	59,660
	Vanguard	Inflation Protection Securities Adm	5,486.84 shares	126,746
				10,108,295

(continued)

**SAINT ELIZABETH UNIVERSITY  
DEFINED CONTRIBUTION PLAN**

**Schedule H, Line 4i–Schedule of Assets (Held at End of Year)  
EIN: 22-1529785 and Plan 001  
(continued)**

August 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current value
<u>Variable annuity contracts:</u>				
*	CREF	CREF Core Bond R1	3,470.90 units	428,915
*	CREF	CREF Equity Index R1	1,675.11 units	642,897
*	CREF	CREF Global Equities R1	2,317.07 units	622,206
*	CREF	CREF Growth R1	3,007.85 units	1,082,529
*	CREF	CREF Inflation-Linked Bond R1	2,850.23 units	222,505
*	CREF	CREF Money Market R1	5,456.59 units	149,049
*	CREF	CREF Social Choice R1	2,110.81 units	661,834
*	CREF	CREF Stock R1	4,063.03 units	2,933,545
				<u>6,743,480</u>
<u>Fixed annuity contracts:</u>				
*	TIAA	TIAA Traditional Non Benefit-Responsive		6,694,480
*	TIAA	TIAA Traditional Fully Benefit-Responsive		1,045,979
				<u>7,740,459</u>
<u>Pooled separate account units:</u>				
*	TIAA	TIAA Real Estate	1,541.27 units	784,225
<u>Notes receivable from participants:</u>				
*	Participant loans	Interest from 4.25% - 9.25%		107,366
				<u>\$ 25,483,825</u>

\* Indicates parties-in-interest to the Plan

\*\* Cost not required for participant-directed investments

**SAINT ELIZABETH UNIVERSITY  
DEFINED CONTRIBUTION PLAN**

**Schedule H, Line 4i–Schedule of Assets (Held at End of Year)  
EIN: 22-1529785 and Plan 001**

August 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current value
<u>Mutual funds:</u>				
*	TIAA	TIAA-CREF Lifecycle Rtmt Inc-F	1,355.85 shares	\$ 14,537
*	TIAA	TIAA-CREF Lifecycle 2010-Rtmt	86,915.31 shares	1,075,142
*	TIAA	TIAA-CREF Lifecycle 2015-Rtmt	48,229.81 shares	560,430
*	TIAA	TIAA-CREF Lifecycle 2020-Rtmt	78,712.62 shares	971,314
*	TIAA	TIAA-CREF Lifecycle 2025-Rtmt	86,162.37 shares	1,116,664
*	TIAA	TIAA-CREF Lifecycle 2030-Rtmt	57,498.32 shares	772,202
*	TIAA	TIAA-CREF Lifecycle 2035-Rtmt	54,230.34 shares	759,225
*	TIAA	TIAA-CREF Lifecycle 2040-Rtmt	46,473.21 shares	672,467
*	TIAA	TIAA-CREF Lifecycle 2045-Rtmt	21,137.28 shares	250,688
*	TIAA	TIAA-CREF Lifecycle 2050-Rtmt	7,530.49 shares	91,119
*	TIAA	TIAA-CREF Lifecycle 2055-Rtmt	4,722.33 shares	67,577
*	TIAA	TIAA-CREF Lifecycle 2060-Rtmt	1,364.89 shares	16,693
*	TIAA	TIAA-CREF Lifecycle 2065-Rtmt	327.88 shares	3,335
*	TIAA	TIAA-CREF Money Market-Rtmt	153,045.57 shares	153,046
	Vanguard	500 Index Admiral	2,526.66 shares	924,757
	Vanguard	Extended Market Index Adm	3,520.50 shares	378,137
	Vanguard	Total International Stock Index Ac	9,503.60 shares	261,159
	American Fu	EuroPacific Growth R6	3,652.11 shares	176,470
	American Bc	Large Cap Value R6	11,076.89 shares	285,784
	Vanguard	Total Bond Market Index Adm	13,788.53 shares	135,403
	Delaware	Small Cap Value Inst	771.70 shares	54,660
	Metropolitan	Total Retirement Bond I	11,961.65 shares	113,277
	Loomis Sayl	Small Cap Gr Retail	2,622.85 shares	56,103
	Vanguard	Inflation Protection Securities Adr	5,238.86 shares	133,277
				9,043,466

(continued)

**SAINT ELIZABETH UNIVERSITY  
DEFINED CONTRIBUTION PLAN**

**Schedule H, Line 4i–Schedule of Assets (Held at End of Year)  
EIN: 22-1529785 and Plan 001  
(continued)**

August 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current value
<u>Variable annuity contracts:</u>				
*	CREF	CREF Core Bond R1	3,805.78 units	473,660
*	CREF	CREF Equity Index R1	1,706.02 units	572,500
*	CREF	CREF Global Equities R1	2,359.59 units	545,057
*	CREF	CREF Growth R1	3,059.35 units	878,419
*	CREF	CREF Inflation-Linked Bond R1	2,771.86 units	219,320
*	CREF	CREF Money Market R1	5,825.77 units	153,732
*	CREF	CREF Social Choice R1	1,877.10 units	544,967
*	CREF	CREF Stock R1	5,148.19 units	3,252,174
				<u>6,639,829</u>
<u>Fixed annuity contracts:</u>				
*	TIAA	TIAA Traditional Non Benefit-Responsive		6,715,850
*	TIAA	TIAA Traditional Fully Benefit-Responsive		1,022,741
				<u>7,738,591</u>
<u>Pooled separate account units:</u>				
*	TIAA	TIAA Real Estate	1,592.67 units	913,923
<u>Notes receivable from participants:</u>				
*	Participant loans	Interest from 4.25% - 5.75%		86,638
				<u>\$ 24,422,447</u>

\* Indicates parties-in-interest to the Plan

\*\* Cost not required for participant-directed investments

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110  
1210 - 0089

**2021**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

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

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

<b>1a</b> Name of plan SAINT ELIZABETH UNIVERSITY DEFINED CONTRIBUTION PL	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
	<b>1c</b> Effective date of plan <u>09/01/1956</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SAINT ELIZABETH UNIVERSITY  2 CONVENT ROAD  MORRISTOWN NJ 07960-6989	<b>2b</b> Employer Identification Number (EIN) <u>22-1529785</u>
	<b>2c</b> Plan Sponsor's telephone number <u>973-290-4478</u>
	<b>2d</b> Business code (see instructions) <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.

<b>SIGN HERE</b>	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)  
v. 210624