

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 03/09/1976
2a Plan sponsor's name (employer, if for a single-employer plan) UNIVERSITY OF MOUNT SAINT VINCENT
2b Employer Identification Number (EIN) 13-1740445
2c Plan Sponsor's telephone number 718-405-3212
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN 13-1740445	
a Sponsor's name COLLEGE OF MOUNT SAINT VINCENT		4d PN 001	
c Plan Name COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN			
5 Total number of participants at the beginning of the plan year	5	599	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	309	
a(2) Total number of active participants at the end of the plan year	6a(2)	326	
b Retired or separated participants receiving benefits	6b	0	
c Other retired or separated participants entitled to future benefits	6c	281	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	607	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2	
f Total. Add lines 6d and 6e	6f	609	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	568	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	570	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2L 2F 2G 2T

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

9a Plan funding arrangement (check all that apply)		9b 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
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(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 2
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445

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	407680	387	01/01/2024	12/31/2024

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	14694613
5	Current value of plan's interest under this contract in separate accounts at year end.....	25779239
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	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	Balance at the end of the previous year	7b 16000705
c	(1) Contributions deposited during the year	7c(1) 118545
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 685788
	(4) Transferred from separate account	7c(4) 1789188
	(5) Other (specify below)..... ▶ PLAN SERVICING CREDIT, PARTICIPANT LOAN INT., PARTICIPANT LOAN PRINCIPAL REPAY., PLAN TO PLAN TRANSFER IN	7c(5) 3474
	(6) Total additions	7c(6) 2596995
d	Total of balance and additions (add lines 7b and 7c(6))	7d 18597700
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2284040
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 1617648
	(4) Other (specify below)..... ▶ FEES	7e(4) 1399
(5) Total deductions	7e(5) 3903087	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 14694613

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT</p>	<p>D Employer Identification Number (EIN) 13-1740445</p>	

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
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(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
13-1614399	88668	057240-H	89	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1004423
5	Current value of plan's interest under this contract in separate accounts at year end.....	7427850
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1091404
c	Additions: (1) Contributions deposited during the year	7c(1) 82285
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 29046
	(4) Transferred from separate account	7c(4) 2520
	(5) Other (specify below).....	7c(5) 14947
	▶ OTHER RECEIPTS	
(6) Total additions	7c(6) 128798	
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1220202
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 94679
	(2) Administration charge made by carrier.....	7e(2) 362
	(3) Transferred to separate account	7e(3) 106342
	(4) Other (specify below).....	7e(4) 14396
▶ OTHER DISBURSEMENTS		
(5) Total deductions	7e(5) 215779	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1004423

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445	

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

DELAWARE VIP TRUST	ONE COMMERCE SQUARE 2005 MARKET STREET PHILADELPHIA, PA 19103
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA-CREF INVESTMENT MANAGEMENT,LLC	730 THIRD AVENUE NEW YORK, NY 10017
13-3586142	

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

FIDELITY MANAGEMENT & RESEARCH CO.	82 DEVONSHIRE STREET BOSTON, MA 02109
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP	PO BOX 2600 VALLEY FORGE, PA 19482-2600
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENT MGMT. PO BOX 419786
KANSAS CITY, MO 64141

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

CALVERT INVESTMENT MGMT.,INC. 4550 MONTGOMERY AVENUE, SUITE 1000N
BETHESDA, MD 20814

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

PIMCO 840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T.ROWE PRICE ASSOCIATES, INC. 100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VICTORY VARIABLE INSURANCE FUNDS 4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

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

AMERICAN FUNDS SERVICE COMPANY P.O. BOX 6007
INDIANAPOLIS, IN 46206-6007

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

DWS DISTRIBUTORS, INC. 222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

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

INVESCO INVESTMENT SERVICES, INC. P.O.BOX. 219078
KANSAS CITY, MO 64121-9078

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

GOLDMAN SACHS ASSET MANAGEMENT, LP

200 WEST STREET
NEW YORK, NY 10282

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

NUVEEN-TC

13-1624203

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

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

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

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

CAPFINANCIAL PARTNERS, LLC

PO BOX 600071
RALEIGH, NC 27675-6071

26-0058143

(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?
27 50	NONE	56250	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-TEACHERS INSURANCE & ANNUITY

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 37 64	NONE	27880	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)

MUTUAL OF AMERICA LIFE INSURANCE CO

PO BOX 182572
COLUMBUS, OH 43218-2572

(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?
12 15 50 37 65	NONE	880	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY OF MOUNT SAINT VINCENT</u>	D Employer Identification Number (EIN) <u>13-1740445</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1605959</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NO. 2</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7427850</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1751	1298
(2) Participant contributions	1b(2)	4218	3744
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	160525	216001
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	8304230	9033809
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29890799	33890943
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17092109	15699036
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	55453632	58844831
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	55453632	58844831

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1018863	
(B) Participants.....	2a(1)(B)	1550804	
(C) Others (including rollovers).....	2a(1)(C)	124856	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2694523
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	13751	
(F) Other.....	2b(1)(F)	716555	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		730306
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	335435	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		335435
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		1062965
(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)		4118575
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8941804

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4090497	
(2) To insurance carriers for the provision of benefits	2e(2)	1375098	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5465595
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	27880	
(3) Recordkeeping fees	2i(3)	880	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	56250	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		85010
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5550605

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3391199
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: **EISNERAMPER LLP**

(2) EIN: **87-1363769**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8554
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"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f 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"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i 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"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k 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"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m 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"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input 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.)

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY OF MOUNT SAINT VINCENT</u>	D Employer Identification Number (EIN) <u>13-1740445</u>	

Part I	Distributions
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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	<u>0</u>
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-1624203 13-1614399

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	<u>42</u>
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A.

**UNIVERSITY OF MOUNT SAINT VINCENT
DEFINED CONTRIBUTION PLAN**
(formerly known as the College of Mount Saint Vincent Defined Contribution Plan)

FINANCIAL STATEMENTS

DECEMBER 31, 2024 and 2023
(with supplemental information)

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries
of the University of Mount Saint Vincent Defined Contribution Plan

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

We have performed audits of the financial statements of the University of Mount Saint Vincent 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 December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note C 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 that 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 Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and of delinquent participant contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such 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 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



In our opinion:

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

EisnerAmper LLP

EISNERAMPER LLP
Iselin, New Jersey
October 7, 2025

EISNERAMPER
LLP



UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Statements of Net Assets Available for Benefits

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 42,924,752	\$ 38,195,029
Investments, at contract value	<u>15,699,036</u>	<u>17,092,109</u>
Total	<u>58,623,788</u>	55,287,138
Notes receivable from participants	<u>217,918</u>	<u>162,372</u>
Contributions receivable:		
Participant	3,744	4,218
Employer	<u>1,298</u>	<u>1,751</u>
Total contributions receivable	5,042	5,969
Net assets available for benefits	<u><u>\$ 58,846,748</u></u>	<u><u>\$ 55,455,479</u></u>

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

Additions:

Investment income:	
Net realized/unrealized appreciation in value of investments	\$ 5,599,141
Interest and dividend income	<u>634,459</u>
	<u>6,233,600</u>
Interest income on notes receivable from participants	<u>13,751</u>
Contributions:	
Participants	1,550,804
Employer	1,018,863
Rollovers	<u>124,856</u>
Total contributions	<u>2,694,523</u>
Total additions	<u>8,941,874</u>
Deductions:	
Benefits paid to participants	(5,465,595)
Administrative expenses	<u>(85,010)</u>
Total deductions	<u>(5,550,605)</u>
Net increase	<u>3,391,269</u>
Net assets available for benefits – beginning of year	<u>55,455,479</u>
Net assets available for benefits – end of year	<u><u>\$ 58,846,748</u></u>

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN

The following description of the University of Mount Saint Vincent Defined Contribution Plan (the "Plan") (formerly known as the College of Mount Saint Vincent Defined Contribution Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

[1] General:

The Plan is a defined contribution plan, also known as a tax-sheltered annuity plan, covering substantially all full-time employees of the University of Mount Saint Vincent (the "University") (formerly known as the College of Mount Saint Vincent). There is no service requirement for new hires and substantially all employees age 18 and over and employees expected to work 20 hours per week are eligible upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective January 1, 2019, the Plan was restated and adopted an ERISA 403(b) Volume Submitter Plan sponsored by Teachers Insurance and Annuity Association of America ("TIAA").

In conjunction with the University changing its name to the University of Mount Saint Vincent, effective January 1, 2024, the Plan name was changed to the University of Mount Saint Vincent Defined Contribution Plan.

[2] Contributions:

Participants may contribute up to 100% of pre-tax annual compensation, 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. Special code Section 403(b) catch-up contributions are permitted if a participant has 15 years of service ("15 years of service catch-up"). The 15 years of service catch-up enables the limit on elective deferrals to a participant's account to be increased by up to \$3,000 in any year, up to a lifetime employer maximum of \$15,000. In no event may participant pre-tax contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Pursuant to the Plan's provisions, the University's contributions may range from 0% to 10% of compensation at the discretion of the Board of Trustees. To receive a match, a participant must contribute at least 5% of annual compensation to the Plan. For the year ended December 31, 2024, the University provided matching contributions for all eligible participants at a rate of 6% of eligible compensation, as defined. Participants direct the investment of participant and employer contributions into various investment options offered by the Plan.

[3] Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the University's contributions, (b) Plan earnings (losses), and may be charged with an allocation of administrative expenses paid by the Plan. 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 vested account.

[4] Vesting:

Participants are immediately vested in their contributions and the University's contributions, plus actual earnings and losses thereon.

[5] Loans to participants:

Participants may borrow from TIAA or Mutual of America Life Insurance Company ("MOA") and use a portion of their Plan account balance as collateral for the loan. The collateral is held in the TIAA Traditional Annuity or the MOA Interest Accumulation Account and the required collateral ranges from 110% to 120% of the loan balance. As of December 31, 2024 and 2023, approximately \$106,000 and \$92,000, respectively, of Plan assets were pledged as collateral for such loans made by the insurance companies. Participants may borrow up to a maximum equal to the lesser of \$50,000 or 45% of his or her account balance, subject to annuity contract and Plan provisions. Loan terms range from one to five years in one-year increments, or longer for the purchase of the participant's primary residence, as defined. Principal and interest are paid ratably by the participant to TIAA or MOA and each payment reduces the amount collateralized.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[5] Loans to participants: (continued)

During the year ended December 31, 2024, approximately \$3,898 of Plan assets were distributed from the Plan, included as distributions, representing payout of collateral for defaulted loans of this type, which consists of only employee pre-tax sourced funds.

In 2019, participants were no longer permitted to borrow from TIAA and use a portion of their Plan account balance (invested in the TIAA Traditional Annuity) as collateral for loans to participants, as described above. Any existing Plan loans that were in place will remain in effect until they are paid off.

[6] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates on outstanding loan balances ranged from 4.25% to 9.50% at December 31, 2024 and 2023. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when they are incurred.

[7] Payment of benefits:

On termination of service, a participant or beneficiary has the option to receive a lump-sum distribution, periodic withdrawals or annuity, as defined.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

The financial statements are prepared on the accrual method of accounting.

Investments held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

[2] Subsequent events:

The Plan has evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[3] Investment valuation and income recognition:

The Plan's 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 E for discussion of fair value measurements.

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

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Plan expenses:

Substantially all expenses incurred in connection with the administration of the Plan are paid by the University, with the exception of fees paid for investment advisory services and fees related to participant-initiated transactions. Expenses that are paid by the University are excluded from these financial statements.

[6] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TIAA, CREF, TIAA on behalf of TIAA Trust, N.A., and MOA have certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits for the year ended December 31, 2024, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2024.

NOTE D - INVESTMENTS AT CONTRACT VALUE

TIAA

TIAA Traditional Annuity – The TIAA Traditional Annuity is a fixed-rate annuity contract that is fully and unconditionally guaranteed by TIAA. The guarantees and returns of the TIAA Traditional Annuity are backed by TIAA's claims-paying ability. Liquidity restrictions apply to the TIAA Traditional Annuity under certain types of annuity contracts. The TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1st. Additional interest is not guaranteed for future years. Contributions to a participant's account purchase a guaranteed amount of lifetime annuity income. When a participant's account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan. The TIAA Traditional Annuity is fully benefit-responsive and is reported at contract value. Amounts held under the investment contract with TIAA amounted to \$14,694,613 and \$16,000,705 as of December 31, 2024 and 2023, respectively.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE D - INVESTMENTS AT CONTRACT VALUE (CONTINUED)

TIAA (continued)

The contract value equals the accumulated cash contributions, interest credited to the contracts, and transfers, if any, less any withdrawals and transfers. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange, and transactions in similar investment instruments are not observable.

The traditional investment contracts held by the Plan are a traditional annuity and guaranteed investment contract. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 2%. Effective crediting rate for the year ended December 31, 2024 was 4.5%, including all interest and dividends earned as well as realized and unrealized gains. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The TIAA Traditional Annuity within the Supplemental Retirement Annuity ("SRA") and Group Supplemental Retirement Annuity ("GSRA") contracts have no liquidity restrictions. The TIAA Traditional Annuity holdings within the Retirement Annuity ("RA") contracts have liquidity restrictions. The RA contract does not allow lump-sum cash withdrawals and transfers must be spread over a period of ten annual installments. The transfer payout annuity allows participants to transfer or withdraw their TIAA Traditional Annuity in ten annual installments.

Mutual of America

In 2009, the Plan entered into a benefit-responsive guaranteed investment contract with MOA. MOA maintains the contributions in a general account. The contract is reported at contract value. The account is 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.

Because the guaranteed investment contract is 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 contract. Contract value, as reported to the Plan by MOA, 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. Amounts held under the investment contract with MOA amounted to \$1,004,423 and \$1,091,404 as of December 31, 2024 and 2023, respectively.

The crediting rate is based on a formula established by the contract issuer and may be subject to change. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date. Effective crediting rate for the year ended December 31, 2024 was 2.8%.

The Plan's ability to receive amounts due in accordance with both fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. An issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

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.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE E - FAIR VALUE MEASUREMENTS

The Financial Accounting Standard Board's ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework 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 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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.

Level 2 – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Mutual Funds – Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Certain funds may charge a 2% redemption fee on redemptions of shares occurring within 60 days of the initial purchase date.

Investments are comprised of custodial accounts made up of mutual funds (403(b)(7) accounts), which are valued at quoted market prices that represent the NAV of shares held and variable annuity contracts or 403(b)(1) annuities, which are valued as follows:

TIAA Real Estate Account – The TIAA Real Estate Account is a pooled separate account/insurance company separate account. This is a variable annuity product valued at NAV per accumulation unit, as a practical expedient to measure fair value, based on the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally utilizing external appraisals, which are estimates of property values based on the assessment of specialists and reported by TIAA. The TIAA Real Estate Account sometimes holds securities as well, and these are generally priced using values obtained from independent pricing sources. Transactions out are limited to one per calendar quarter. The TIAA General Account provides the Real Estate Account with a liquidity guarantee.

TIAA Access Annuity – TIAA Access Annuity is a separate account of TIAA and is a variable annuity registered with the SEC as an investment company under the Investment Company Act of 1940. It operates as a unit investment trust and invests in shares underlying mutual funds. Contributions to TIAA Access buy accumulation units whose value is calculated daily. The accumulation units are valued at NAV as a practical expedient to measure fair value. The value of a participant's investment rises and falls with the return on the underlying assets.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Pooled Separate Accounts – The Plan invests in several Mutual of America Separate Accounts for Thrift Plan Contracts, which are pooled separate accounts. The Plan's share of a pooled separate account is determined on a participant-unit or variable-unit basis. The Plan's equity account provides a cumulative record of the number of participation units credited to the account and the number of units allocated or withdrawn from the account. The balance of participation units credited to the account multiplied by the current participation-unit value equals the amount of equity account assets held on behalf of the policyholder at any given time. The participation-unit value is adjusted periodically, usually each business day, to reflect investment results under the separate account. Shares of pooled separate accounts are valued at the NAV of shares held by the Plan at year-end as a practical expedient to measure fair value.

CREF Accounts – CREF Accounts are variable annuity accounts. Each CREF Account is a separate portfolio with its own investment objective and strategies. Investments in a CREF Account enable a unit holder to acquire units whose accumulation unit value, or NAV used as a practical expedient to measure fair value, is calculated each business day. The value of a unit holder's investment rises and falls with the returns on the underlying assets. The Accounts invest principally in equity securities, fixed income instruments and short-term investments in accordance with each portfolio's investment objectives. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing.

CREF Money Market Account – The CREF Money Market Account's portfolio securities are valued using their amortized cost. This valuation method does not factor in unrealized gains or losses on the account's portfolio securities. Amortized cost valuation involves first valuing a security at its cost, and thereafter assuming a constant amortization to maturity of any discount or premium, regardless of the impact of fluctuating interest rates on the security's market value.

Accumulation units in CREF accounts are transacted at the accumulation unit value. Participants will be locked out of a CREF Account for 90 days if a purchase, sale, and repurchase within that account is made within a 60-day period, other than for the CREF Money Market Account.

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, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Investment Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual funds	\$ 9,717,664	\$ -	\$ -	\$ 9,717,664
Investments measured at NAV (A):				
TIAA Real Estate Account (A)(B)	-	-	-	1,605,959
Variable Annuity Contracts (A)(C)	-	-	-	24,173,279
Mutual of America Separate Accounts (A)(D)	-	-	-	7,427,850
Investments at fair value	<u>\$ 9,717,664</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 42,924,752</u>

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Investment Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual funds	\$ 7,247,697	\$ -	\$ -	\$ 7,247,697
Investments measured at NAV (A):				
TIAA Real Estate Account (A)(B)	-	-	-	1,735,813
Variable Annuity Contracts (A)(C)	-	-	-	22,643,102
Mutual of America Separate Accounts (A)(D)	-	-	-	6,568,417
Investments at fair value	<u>\$ 7,247,697</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,195,029</u>

- (A) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.
- (B) The TIAA Real Estate Fund seeks to obtain favorable long-term total return through capital appreciation and current income by investing primarily in equity securities of companies engaged in the real estate industry.
- (C) The strategy of these investments is generally embedded in the name of the particular account as shown on the supplemental schedule of assets held for investment. The CREF Stock Account seeks a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks. Under normal circumstances, the account invests at least 80% of its assets in equity securities of foreign and domestic companies. The CREF Growth Account seeks a favorable long-term rate of return, mainly through capital appreciation, primarily from a diversified portfolio of common stocks that present the opportunity for exceptional growth. Under normal circumstances, the account invests at least 80% of its assets in common stocks and other equity securities. The account invests primarily in large, well-known, established companies, particularly those with new or innovative products, services or processes that may enhance future earnings prospects. The CREF Social Choice Account seeks a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria. It divides its assets between foreign and domestic equity investments (about 60%) and bonds and other fixed-income investments, including money market securities (about 40%). The CREF Global Equities R1 Account primarily invests in a diversified portfolio of global equities, aiming for long-term growth of capital. It spreads investments across various sectors. The investment seeks a favorable long-term rate of return through capital appreciation and income. The fund invests at least 80% of its assets in equity securities of foreign and domestic companies.
- (D) The strategy of these investments is generally embedded in the name of the particular account as shown on the supplemental schedule of assets held for investment. MoA Equity Index Fund primarily invests in the 500 common stocks included in the S&P 500 Index to replicate, to the extent practicable and cost effective, the weightings of such stocks in the index. T. Rowe Price Blue Chip Growth Fund seeks long-term capital growth with income as a secondary objective and invests in common stocks of large and medium-sized blue chip growth companies. The MoA Clear Passage 2035 Fund's investment strategy is a dynamic asset allocation approach, investing in shares of other series within the same investment company to achieve capital appreciation and income suitable for a 2035 retirement date. DWS Capital Growth VIP has the objective to provide long-term growth of capital and invests at least 65% of its assets in common stocks of U.S. companies whose market capitalizations are similar to companies in the S&P 500 or the Russell 1000 Growth Index.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

NOTE F - MUTUAL FUND FEES

Certain investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940. These annual fees are used to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

NOTE G - TAX STATUS

The Plan has adopted an ERISA 403(b) Volume Submitter Plan sponsored by TIAA. On August 7, 2017, the Internal Revenue Service stated in an advisory letter that the Volume Submitter adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code ("IRC") and therefore, the related accounts are exempt from taxation. The Plan has been amended since receiving the letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related accounts are tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations in progress.

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

Certain investments are shares or units of fixed and variable annuities managed by TIAA and CREF, mutual funds offered by TIAA Trust N.A., and pooled separate accounts and a guaranteed interest account managed by MOA and, therefore, these transactions qualify as party-in-interest transactions. In addition, CapFinancial Partners LLC, d/b/a CapTrust Financial Advisors provides investment advisory services to the Plan. As a result, fees paid for investment advisory services qualify as party-in-interest transactions. Total fees paid by the Plan to parties-in-interest were \$85,010 for the year ended December 31, 2024.

NOTE I - 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, as well as risks related to the financial strength of the insurance companies. 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 the participants' account balances and the amounts reported in the statements of net assets available for benefits.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE I - RISKS AND UNCERTAINTIES (CONTINUED)

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE J - 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.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2024 and 2023 to Form 5500:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 58,846,748	\$ 55,455,479
Less: notes receivable from participant balances deemed distributed for Form 5500 purposes	<u>(1,917)</u>	<u>(1,847)</u>
Net assets available for benefits per the Form 5500	<u>\$ 58,844,831</u>	<u>\$ 55,453,632</u>

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2024 to Form 5500:

Total increase in net assets available for benefits per the financial statements	\$ 3,391,269
Less: change in notes receivable from participant balances deemed distributed for Form 5500 purposes	<u>(70)</u>
Total increase in net assets available for benefits per the Form 5500	<u>\$ 3,391,199</u>

SUPPLEMENTAL INFORMATION

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year)
 December 31, 2024

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Fixed Annuity Contract:</u>	
*	TIAA	TIAA Traditional Annuity	\$ 14,694,613
		<u>Variable Annuity Contracts:</u>	
*	CREF	CREF Stock R1	9,454,063
*	CREF	CREF Money Market R1	474,892
*	CREF	CREF Social Choice R1	2,040,193
*	CREF	CREF Global Equities R1	1,774,380
*	CREF	CREF Growth R1	2,451,649
*	CREF	CREF Equity Index R1	1,314,920
*	CREF	CREF Inflation-Linked Bond R1	535,850
*	TIAA	TIAA Access Nuv Core Pl Bd T3	10,787
*	TIAA	TIAA Access Nuv Core Bond T3	32,056
*	TIAA	TIAA Access Nuv Equity Idx T3	4,213
*	TIAA	TIAA Access Nuv Core Equity T3	138,676
*	TIAA	TIAA Access Nuv High Yield T3	141,260
*	TIAA	TIAA Access Nuv Infl Lnk Bd T3	6,461
*	TIAA	TIAA Access Nuv Intl Eq Idx T3	475,905
*	TIAA	TIAA Access Nuv Intl Equity T3	45,351
*	TIAA	TIAA Access Nuv LfCy Rt Inc T3	1,320
*	TIAA	TIAA Access Nuv Lg Cp Gr Ix T3	260,837
*	TIAA	TIAA Access Nuv Lrg Cap Gr T3	71,117
*	TIAA	TIAA Access Nuv Lg Cp VI Ix T3	310,437
*	TIAA	TIAA Access Nuv Lrg Cap Val T3	239,161
*	TIAA	TIAA Access Nuv LifCyc 2010 T3	118
*	TIAA	TIAA Access Nuv LifCyc 2015 T3	115
*	TIAA	TIAA Access Nuv LifCyc 2020 T3	129,198
*	TIAA	TIAA Access Nuv LifCyc 2025 T3	34,830
*	TIAA	TIAA Access Nuv LifCyc 2030 T3	28,130
*	TIAA	TIAA Access Nuv LifCyc 2035 T3	246,311
*	TIAA	TIAA Access Nuv LifCyc 2040 T3	94,215
*	TIAA	TIAA Access Nuv LifCyc 2045 T3	144,757
*	TIAA	TIAA Access Nuv LifCyc 2050 T3	165,905
*	TIAA	TIAA Access Nuv Mid Cap Grw T3	155,570
*	TIAA	TIAA Access Nuv Mid Cap Val T3	103,426
*	TIAA	TIAA Access Nuv Money Mkt T3	78,411

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue	Description of Investment	Current Value	
<u>Variable Annuity Contracts: (continued)</u>			
*	TIAA	TIAA Access Nuv RIEstSecSel T3	215,331
*	TIAA	TIAA Access Nuv S&P 500 Idx T3	133,814
*	TIAA	TIAA Access Nuv Short Tm Bd T3	42,167
*	TIAA	TIAA Access Nuv Sm Cp Bl lx T3	45,008
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T3	128,890
*	TIAA	TIAA Access Nuv LgCp Res Eq T3	87,576
*	TIAA	TIAA Access Americ EurPc Gr T3	82,790
*	TIAA	TIAA Access Americ WaMu Inv T3	204,106
*	TIAA	TIAA Access TRP Inst LgCpGr T3	169,378
*	TIAA	TIAA Access WstAst Cr Pl Bd T3	95,655
*	CREF	CREF Core Bond R1	677,072
*	TIAA	TIAA Access Nuv LifCyc 2055 T3	3,744
*	TIAA	TIAA Access Nuv Bond Idx T3	41,088
*	TIAA	TIAA Access Nuv Emer Mkt Eq T3	595
*	TIAA	TIAA Access Nuv Em Mk Eq lx T3	9,988
*	TIAA	TIAA Access DFA Emer Mkt Pt T3	235,053
*	TIAA	TIAA Access Ddg&Cox Intl St T3	23,816
*	TIAA	TIAA Access Vang EmMk St lx T3	48,034
*	TIAA	TIAA Access Vang Explorer T3	220,556
*	TIAA	TIAA Access Vang Intr Tm Tr T3	2,215
*	TIAA	TIAA Access Vang Select Val T3	75,427
*	TIAA	TIAA Access Vang SmCpVal lx T3	291,807
*	TIAA	TIAA Access Vang Wellington T3	374,655
<u>Mutual Funds:</u>			
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2015 R6	143,281
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2020 R6	370,749
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2025 R6	1,243,685
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2030 R6	1,117,695
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2035 R6	1,210,662
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2040 R6	574,736
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2045 R6	715,372
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2050 R6	905,853
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2055 R6	487,218

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue	Description of Investment	Current Value	
<u>Mutual Funds: (continued)</u>			
*	TIAA Trust, N.A.	Nuveen LfCyc Ix Ret Inc R6	459
*	TIAA Trust, N.A.	Nuveen Money Market R6	175,833
	American Funds	American EuroPac Growth R6	115,201
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm	239,091
*	TIAA Trust, N.A.	Nuveen LfCycle Ix 2060 R6	512,154
	Harbor	Harbor Capital Appreciation Rt	54,831
	MFS	MFS Mid Cap Value Class R6	198,286
	Vanguard	Vanguard Extended Mkt Idx Adm	209,515
	Vanguard	Vanguard 500 Idx Adm	816,103
	Vanguard	Vanguard Ttl Intl Stk Idx Adm	314,821
	All spring	Allspring Spec SmallCap Val R6	44,530
	MFS	MFS Value Fund Class R6	69,675
	MFS	MFS Mid Cap Growth Fund R6	28,760
*	TIAA Trust, N.A.	Nuveen LfCycle Ix 2065 R6	91,538
	Principal	Principal Small Cap Grwth I R6	10,476
	Dodge	Dodge & Cox Income Fund - CI X	67,140
<u>Pooled Separate Accounts:</u>			
*	TIAA	TIAA Real Estate	1,605,959
*	Mutual of America	DWS Capital Growth VIP	611,679
*	Mutual of America	Fidelity VIP Equity-Income Portfolio	49,089
*	Mutual of America	Fidelity VIP Contrafund Portfolio	326,978
*	Mutual of America	MoA All America Fund	13,011
*	Mutual of America	MoA Equity Index Fund	943,662
*	Mutual of America	Invesco V.I. Main Street Fund	468,240
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio	723,444
*	Mutual of America	Vanguard VIF Diversified Value Portfolio	138,398
*	Mutual of America	American Century Investments VP Capital Appreciation I	397,479
*	Mutual of America	Fidelity VIP Mid Cap Portfolio	163,624
*	Mutual of America	MoA Mid Cap Equity Index Fund	319,940
*	Mutual of America	MoA Mid Cap Value Fund	30,344
*	Mutual of America	Goldman Sachs VIT Small Cap Equity Insights Fund	30,934
*	Mutual of America	MoA Small Cap Growth Fund	71,688
*	Mutual of America	MoA Small Cap Equity Index Fund	58,365
*	Mutual of America	MoA Small Cap Value Fund	84,609

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
Schedule H of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

	Identity of Issue	Description of Investment	Current Value
		<u>Pooled Separate Accounts: (continued)</u>	
*	Mutual of America	MoA Core Bond Fund	25,619
*	Mutual of America	MoA Intermediate Bond Fund	17,836
*	Mutual of America	PIMCO VIT Real Return Portfolio	536
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio	16,659
*	Mutual of America	MoA Money Market Fund	1
*	Mutual of America	American Funds Insurance Series New World Fund	11,862
*	Mutual of America	MoA International Fund	30,129
*	Mutual of America	Vanguard VIF International Portfolio	441,326
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio	43,849
*	Mutual of America	Calvert VP SRI Balanced Portfolio	38,974
*	Mutual of America	Fidelity VIP Asset Manager Portfolio	85,997
*	Mutual of America	MoA Aggressive Allocation Fund	205,295
*	Mutual of America	MoA Balanced Fund	117,677
*	Mutual of America	MoA Conservative Allocation Fund	35,422
*	Mutual of America	MoA Moderate Allocation Fund	405,608
*	Mutual of America	MoA Retirement Income Fund	930
*	Mutual of America	MoA Clear Passage 2015 Fund	57,057
*	Mutual of America	MoA Clear Passage 2020 Fund	330,820
*	Mutual of America	MoA Clear Passage 2025 Fund	35,030
*	Mutual of America	MoA Clear Passage 2030 Fund	112,680
*	Mutual of America	MoA Clear Passage 2035 Fund	654,253
*	Mutual of America	MoA Clear Passage 2040 Fund	32,478
*	Mutual of America	MoA Clear Passage 2045 Fund	103,112
*	Mutual of America	MoA Clear Passage 2050 Fund	105,005
*	Mutual of America	MoA Clear Passage 2055 Fund	30,265
*	Mutual of America	MoA Clear Passage 2060 Fund	57,657
*	Mutual of America	MoA Clear Passage 2065 Fund	289
		<u>Guaranteed Interest Account:</u>	
*	Mutual of America	Mutual of America Interest Accumulation Account	1,004,423
		Interest rates ranging from 4.25% to 9.50% with	
*	Participant loans	maturities through July 2032	216,001
			\$ 58,839,789

* Party-in-interest, as defined by ERISA.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
2024 Form 5500 - Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2024

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan *	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here If Late Participant Loan Repayments are Included ✓				
\$3,202*		\$3,202*		
5,352**	5,352**			

* Contributions originated during the year ended December 31, 2023 and were fully corrected during the year ended December 31, 2024 out of which 2,118 were remitted in 2023 and 1,084 were remitted in 2024.

** Contributions originating during the year ended December 31, 2024. The contributions were funded into the Plan during the year ended December 31, 2024. However, the University is still in the process of calculating and remitting lost earnings.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
2024 Form 5500 - Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2024

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan *	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here If Late Participant Loan Repayments are Included ✓				
\$3,202*		\$3,202*		
5,352**	5,352**			

* Contributions originated during the year ended December 31, 2023 and were fully corrected during the year ended December 31, 2024 out of which 2,118 were remitted in 2023 and 1,084 were remitted in 2024.

** Contributions originating during the year ended December 31, 2024. The contributions were funded into the Plan during the year ended December 31, 2024. However, the University is still in the process of calculating and remitting lost earnings.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year)
 December 31, 2024

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Fixed Annuity Contract:</u>	
*	TIAA	TIAA Traditional Annuity	\$ 14,694,613
		<u>Variable Annuity Contracts:</u>	
*	CREF	CREF Stock R1	9,454,063
*	CREF	CREF Money Market R1	474,892
*	CREF	CREF Social Choice R1	2,040,193
*	CREF	CREF Global Equities R1	1,774,380
*	CREF	CREF Growth R1	2,451,649
*	CREF	CREF Equity Index R1	1,314,920
*	CREF	CREF Inflation-Linked Bond R1	535,850
*	TIAA	TIAA Access Nuv Core PI Bd T3	10,787
*	TIAA	TIAA Access Nuv Core Bond T3	32,056
*	TIAA	TIAA Access Nuv Equity Idx T3	4,213
*	TIAA	TIAA Access Nuv Core Equity T3	138,676
*	TIAA	TIAA Access Nuv High Yield T3	141,260
*	TIAA	TIAA Access Nuv Infl Lnk Bd T3	6,461
*	TIAA	TIAA Access Nuv Intl Eq Idx T3	475,905
*	TIAA	TIAA Access Nuv Intl Equity T3	45,351
*	TIAA	TIAA Access Nuv LfCy Rt Inc T3	1,320
*	TIAA	TIAA Access Nuv Lg Cp Gr Ix T3	260,837
*	TIAA	TIAA Access Nuv Lrg Cap Gr T3	71,117
*	TIAA	TIAA Access Nuv Lg Cp VI Ix T3	310,437
*	TIAA	TIAA Access Nuv Lrg Cap Val T3	239,161
*	TIAA	TIAA Access Nuv LifCyc 2010 T3	118
*	TIAA	TIAA Access Nuv LifCyc 2015 T3	115
*	TIAA	TIAA Access Nuv LifCyc 2020 T3	129,198
*	TIAA	TIAA Access Nuv LifCyc 2025 T3	34,830
*	TIAA	TIAA Access Nuv LifCyc 2030 T3	28,130
*	TIAA	TIAA Access Nuv LifCyc 2035 T3	246,311
*	TIAA	TIAA Access Nuv LifCyc 2040 T3	94,215
*	TIAA	TIAA Access Nuv LifCyc 2045 T3	144,757
*	TIAA	TIAA Access Nuv LifCyc 2050 T3	165,905
*	TIAA	TIAA Access Nuv Mid Cap Grw T3	155,570
*	TIAA	TIAA Access Nuv Mid Cap Val T3	103,426
*	TIAA	TIAA Access Nuv Money Mkt T3	78,411

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue	Description of Investment	Current Value	
<u>Variable Annuity Contracts: (continued)</u>			
*	TIAA	TIAA Access Nuv RIEstSecSel T3	215,331
*	TIAA	TIAA Access Nuv S&P 500 Idx T3	133,814
*	TIAA	TIAA Access Nuv Short Tm Bd T3	42,167
*	TIAA	TIAA Access Nuv Sm Cp Bl lx T3	45,008
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T3	128,890
*	TIAA	TIAA Access Nuv LgCp Res Eq T3	87,576
*	TIAA	TIAA Access Americ EurPc Gr T3	82,790
*	TIAA	TIAA Access Americ WaMu Inv T3	204,106
*	TIAA	TIAA Access TRP Inst LgCpGr T3	169,378
*	TIAA	TIAA Access WstAst Cr Pl Bd T3	95,655
*	CREF	CREF Core Bond R1	677,072
*	TIAA	TIAA Access Nuv LifCyc 2055 T3	3,744
*	TIAA	TIAA Access Nuv Bond Idx T3	41,088
*	TIAA	TIAA Access Nuv Emer Mkt Eq T3	595
*	TIAA	TIAA Access Nuv Em Mk Eq lx T3	9,988
*	TIAA	TIAA Access DFA Emer Mkt Pt T3	235,053
*	TIAA	TIAA Access Ddg&Cox Intl St T3	23,816
*	TIAA	TIAA Access Vang EmMk St lx T3	48,034
*	TIAA	TIAA Access Vang Explorer T3	220,556
*	TIAA	TIAA Access Vang Intr Tm Tr T3	2,215
*	TIAA	TIAA Access Vang Select Val T3	75,427
*	TIAA	TIAA Access Vang SmCpVal lx T3	291,807
*	TIAA	TIAA Access Vang Wellington T3	374,655
<u>Mutual Funds:</u>			
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2015 R6	143,281
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2020 R6	370,749
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2025 R6	1,243,685
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2030 R6	1,117,695
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2035 R6	1,210,662
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2040 R6	574,736
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2045 R6	715,372
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2050 R6	905,853
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2055 R6	487,218

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(c)	(e)
Identity of Issue	Description of Investment	Current Value	
<u>Mutual Funds: (continued)</u>			
*	TIAA Trust, N.A.	Nuveen LfCyc Ix Ret Inc R6	459
*	TIAA Trust, N.A.	Nuveen Money Market R6	175,833
	American Funds	American EuroPac Growth R6	115,201
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm	239,091
*	TIAA Trust, N.A.	Nuveen LfCycle Ix 2060 R6	512,154
	Harbor	Harbor Capital Appreciation Rt	54,831
	MFS	MFS Mid Cap Value Class R6	198,286
	Vanguard	Vanguard Extended Mkt Idx Adm	209,515
	Vanguard	Vanguard 500 Idx Adm	816,103
	Vanguard	Vanguard Ttl Intl Stk Idx Adm	314,821
	All spring	Allspring Spec SmallCap Val R6	44,530
	MFS	MFS Value Fund Class R6	69,675
	MFS	MFS Mid Cap Growth Fund R6	28,760
*	TIAA Trust, N.A.	Nuveen LfCycle Ix 2065 R6	91,538
	Principal	Principal Small Cap Grwth I R6	10,476
	Dodge	Dodge & Cox Income Fund - CI X	67,140
<u>Pooled Separate Accounts:</u>			
*	TIAA	TIAA Real Estate	1,605,959
*	Mutual of America	DWS Capital Growth VIP	611,679
*	Mutual of America	Fidelity VIP Equity-Income Portfolio	49,089
*	Mutual of America	Fidelity VIP Contrafund Portfolio	326,978
*	Mutual of America	MoA All America Fund	13,011
*	Mutual of America	MoA Equity Index Fund	943,662
*	Mutual of America	Invesco V.I. Main Street Fund	468,240
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio	723,444
*	Mutual of America	Vanguard VIF Diversified Value Portfolio	138,398
*	Mutual of America	American Century Investments VP Capital Appreciation I	397,479
*	Mutual of America	Fidelity VIP Mid Cap Portfolio	163,624
*	Mutual of America	MoA Mid Cap Equity Index Fund	319,940
*	Mutual of America	MoA Mid Cap Value Fund	30,344
*	Mutual of America	Goldman Sachs VIT Small Cap Equity Insights Fund	30,934
*	Mutual of America	MoA Small Cap Growth Fund	71,688
*	Mutual of America	MoA Small Cap Equity Index Fund	58,365
*	Mutual of America	MoA Small Cap Value Fund	84,609

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
Schedule H of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

	Identity of Issue	Description of Investment	Current Value
		<u>Pooled Separate Accounts: (continued)</u>	
*	Mutual of America	MoA Core Bond Fund	25,619
*	Mutual of America	MoA Intermediate Bond Fund	17,836
*	Mutual of America	PIMCO VIT Real Return Portfolio	536
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio	16,659
*	Mutual of America	MoA Money Market Fund	1
*	Mutual of America	American Funds Insurance Series New World Fund	11,862
*	Mutual of America	MoA International Fund	30,129
*	Mutual of America	Vanguard VIF International Portfolio	441,326
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio	43,849
*	Mutual of America	Calvert VP SRI Balanced Portfolio	38,974
*	Mutual of America	Fidelity VIP Asset Manager Portfolio	85,997
*	Mutual of America	MoA Aggressive Allocation Fund	205,295
*	Mutual of America	MoA Balanced Fund	117,677
*	Mutual of America	MoA Conservative Allocation Fund	35,422
*	Mutual of America	MoA Moderate Allocation Fund	405,608
*	Mutual of America	MoA Retirement Income Fund	930
*	Mutual of America	MoA Clear Passage 2015 Fund	57,057
*	Mutual of America	MoA Clear Passage 2020 Fund	330,820
*	Mutual of America	MoA Clear Passage 2025 Fund	35,030
*	Mutual of America	MoA Clear Passage 2030 Fund	112,680
*	Mutual of America	MoA Clear Passage 2035 Fund	654,253
*	Mutual of America	MoA Clear Passage 2040 Fund	32,478
*	Mutual of America	MoA Clear Passage 2045 Fund	103,112
*	Mutual of America	MoA Clear Passage 2050 Fund	105,005
*	Mutual of America	MoA Clear Passage 2055 Fund	30,265
*	Mutual of America	MoA Clear Passage 2060 Fund	57,657
*	Mutual of America	MoA Clear Passage 2065 Fund	289
		<u>Guaranteed Interest Account:</u>	
*	Mutual of America	Mutual of America Interest Accumulation Account	1,004,423
		Interest rates ranging from 4.25% to 9.50% with	
*	Participant loans	maturities through July 2032	216,001
			\$ 58,839,789

* Party-in-interest, as defined by ERISA.