

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SAINT LOUIS UNIVERSITY 403(B) ANNUITY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SAINT LOUIS UNIVERSITY</u></p> <p><u>3545 LINDELL BOULEVARD, 1ST FLOOR</u> <u>ST. LOUIS, MO 63103</u></p>	<p>1c Effective date of plan <u>09/01/1959</u></p> <p>2b Employer Identification Number (EIN) <u>43-0654872</u></p> <p>2c Plan Sponsor's telephone number <u>314-977-2595</u></p> <p>2d Business code (see instructions) <u>611000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	TIM SUTTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	TIM SUTTER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8624
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4219
	6a(2)	4147
	6b	0
	6c	4190
	6d	8337
	6e	25
	6f	8362
	6g(1)	6563
6g(2)	7586	
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:
2F 2G 2L 2M 2R 2T 3H

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
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

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

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 _____

<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 SAINT LOUIS UNIVERSITY 403(B) ANNUITY 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 SAINT LOUIS UNIVERSITY</p>	<p>D Employer Identification Number (EIN) 43-0654872</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
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	150796	3098	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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(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	203144310
5	Current value of plan's interest under this contract in separate accounts at year end.....	202108061
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 206788810
c	Additions: (1) Contributions deposited during the year	7c(1) 2423007
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 8769369
	(4) Transferred from separate account	7c(4) 20109280
	(5) Other (specify below).....	7c(5) 417653
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS	
	(6) Total additions	7c(6) 31719309
d	Total of balance and additions (add lines 7b and 7c(6))	7d 238508119
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 18669350
	(2) Administration charge made by carrier.....	7e(2) 167725
	(3) Transferred to separate account	7e(3) 16418366
	(4) Other (specify below).....	7e(4) 108368
▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS		
	(5) Total deductions	7e(5) 35363809
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 203144310

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 SAINT LOUIS UNIVERSITY 403(B) ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAINT LOUIS UNIVERSITY	D Employer Identification Number (EIN) 43-0654872	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

FIDELITY INV INST OPERATIONS CO.

04-2647786

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

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

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

TIAA

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 17 27 28 38 50 52 54 64 66	NONE	288525	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)

SAINT LOUIS UNIVERSITY

43-0654872

(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?
50 99	NONE	108114	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)

CAPFINANCIAL PARTNERS, LLC

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?
28 50	NONE	40481	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"/>

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)

FORVIS MAZARS, LLP

44-0160260

(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?
10 50	NONE	15173	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)

FIDELITY INV INST OPERATIONS CO.

04-2647786

(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?
50 64 65	NONE	4912	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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.	OMB No. 1210-0110 <hr/> 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>SAINT LOUIS UNIVERSITY 403(B) ANNUITY 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>SAINT LOUIS UNIVERSITY</u>	D Employer Identification Number (EIN) <u>43-0654872</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>4911340</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)

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 SAINT LOUIS UNIVERSITY 403(B) ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SAINT LOUIS UNIVERSITY	D Employer Identification Number (EIN) 43-0654872

Part I	Asset and Liability Statement
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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)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	1247086
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	5440470
(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)	690420874
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	206788810
(15) Other.....	1c(15)	5986347
		1320930
		4911340
		746673023
		203144310
		6388963

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	909883587	962438566
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	909883587	962438566

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)		
(B) Participants.....	2a(1)(B)	21184424	
(C) Others (including rollovers).....	2a(1)(C)	5818964	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		27003388
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)	105689	
(F) Other.....	2b(1)(F)	8769369	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8875058
(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)	19051721	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		19051721
(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)		-221330
(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)		74991209
c Other income	2c		1615246
d Total income. Add all income amounts in column (b) and enter total	2d		131315292

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	74666375	
(2) To insurance carriers for the provision of benefits	2e(2)	3573854	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		78240229
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		55146
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	293437	
(4) IQPA audit fees	2i(4)	15173	
(5) Investment advisory and investment management fees	2i(5)	45394	
(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)	110934	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		464938
j Total expenses. Add all expense amounts in column (b) and enter total	2j		78760313

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		52554979
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: **FORVIZ MAZARS, LLP**

(2) EIN: **44-0160260**

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.			

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>SAINT LOUIS UNIVERSITY 403(B) ANNUITY 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>SAINT LOUIS UNIVERSITY</u>	D Employer Identification Number (EIN) <u>43-0654872</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		0
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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): 82-2826183 04-2647789

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

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.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)



**SAINT LOUIS
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SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

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Independent Auditor's Report

Retirement Committee, Plan Administrator
and Plan Participants
Saint Louis University 403(b) Annuity Plan
St. Louis, Missouri

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

We were engaged to perform an audit of the financial statements of Saint Louis University 403(b) Annuity Plan (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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

As described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management

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 within one year after the date that these 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.

Auditor's Responsibilities

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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 audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section it is inappropriate to and we do not express an opinion on the supplemental schedule.

Forvis Mazars, LLP

**St. Louis, Missouri
September 25, 2025**

Federal Employer Identification Number: 44-0160260

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 855,390,832	\$ 803,893,086
Investments in fully-benefit responsive investment contracts, at contract value	<u>105,726,804</u>	<u>104,743,415</u>
Total assets	<u>961,117,636</u>	<u>908,636,501</u>
Receivables:		
Notes receivable from participants	<u>1,431,490</u>	<u>1,302,500</u>
Total receivables	<u>1,431,490</u>	<u>1,302,500</u>
Net assets available for benefits	<u>\$ 962,549,126</u>	<u>\$ 909,939,001</u>

See accompanying notes to financial statements.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 83,655,231	\$ 103,977,914
Dividends	19,051,721	14,516,594
Interest income	2,657,084	3,196,702
Total investment income	<u>105,364,036</u>	<u>121,691,210</u>
Less investment expenses	<u>1,157,822</u>	<u>1,593,228</u>
Net investment income	104,206,214	120,097,982
Interest income on notes receivable from participants	105,689	66,948
Rollover contributions	5,818,964	8,461,441
Participant contributions	<u>21,184,424</u>	<u>19,004,150</u>
Total additions, net	<u>131,315,291</u>	<u>147,630,521</u>
Deductions:		
Benefit payments	78,705,166	79,314,140
Net increase in net assets available for benefits	<u>52,610,125</u>	<u>68,316,381</u>
Net assets available for benefits, beginning of year	<u>909,939,001</u>	<u>841,622,620</u>
Net assets available for benefits, end of year	<u>\$ 962,549,126</u>	<u>\$ 909,939,001</u>

See accompanying notes to financial statements.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following is a description of the Saint Louis University 403(b) Annuity Plan (the Plan). Only general information is provided below. Participants should refer to the Plan document for more complete information regarding the Plan's provisions.

(a) General

The Plan is a defined-contribution plan that satisfies the Internal Revenue Code (IRC) Section 403(b) covering substantially all employees. The effective date of the Plan was September 1, 1959. Substantially all employees of Saint Louis University (the Plan Sponsor) who have satisfied the eligibility requirements are covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Plan Administration

The Plan is administered by the Retirement Committee, which consists of certain officers and employees of the Plan Sponsor. Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (together "TIAA-CREF") is the trustee and record keeper of the Plan. TIAA Trust, N.A. and Fidelity Management Trust Company (Fidelity) are the custodians of the Plan (the Plan Custodians). Effective December 2, 2012, the Retirement Committee elected TIAA-CREF as sole provider for the Plan's retirement services and directed that no further contributions be made to any other service provider.

(c) Contributions

Each year, participants may make tax-deferred contributions of a minimum of .5% of compensation as defined by the Plan, up to the maximum amount permitted under Section 402(g) of the IRC, as adjusted from time to time, \$23,000 and \$22,500 for years ended December 31, 2024 and 2023. Contributions are made through a salary reduction. Contributions are then invested with various investment managers through TIAA-CREF. Additionally, participants aged 50 or older or who will attain age 50 during the plan year may make a "catch-up" contribution as defined by the Internal Revenue Service (IRS).

Effective January 1, 2024, the Plan Document includes an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. If elected, the automatic deferral feature also provides for an annual increase in the percentage deferred and is ultimately capped at 6%.

(d) Participant Accounts

Each participant's account is credited with tax deferred-contributions, plus earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that will be provided from the participant's vested account.

(e) Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Therefore, the Plan does not generate forfeitures.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(f) Payment of Benefits

Participants may receive all or a portion of their account balance upon reaching 59½ years of age or termination of service due to death, disability, or retirement. Participants can elect to receive all or a portion of amounts attributable to rollovers because of financial hardship. Benefits are payable upon retirement under the following or combination of the following options: (a) single-life annuity; (b) single-life annuity with five years certain; (c) single-life annuity with ten years certain; (d) contingent annuity with payments continued to the participant's spouse at one-half; (e) contingent annuity with payments continued to the participant's spouse in full; or (f) lump-sum payout. Participants who terminate employment prior to retirement may elect to have their balance distributed in a lump sum or transferred to an individual retirement account or another employer's qualified plan. Death benefits are paid according to the benefits election in effect at the time of death.

(g) Plan Loans

Participants may borrow from their before-tax account or rollover TIAA-CREF account. Prior to 2020, loans were between the participants and TIAA-CREF and are therefore not included in the statements of net assets available for benefits.

Plan loans are issued directly from the funds owned by TIAA-CREF and loan proceeds are not removed from a participant's account balance. However, a portion of a participant's TIAA Traditional Annuity account balance is reserved, or held in collateral, to cover the outstanding loan amount for the period of time the loan is outstanding. For active loans, investments equal to 110% of the outstanding loan amount are reflected in the statements of net assets available for benefits and serve as collateral for the loan. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distribution event occurs.

Participants had outstanding plan loan balances due to TIAA-CREF of \$227,643 and \$269,453 at December 31, 2024 and 2023, respectively. Accumulations totaling \$16,875 and \$176,327 were used to satisfy plan loan defaults during 2024 and 2023, respectively. These amounts have been recorded as benefit payments in the accompanying statements of changes in net assets available for benefits.

Beginning in 2020, loans are now made from the participants before tax account or rollover TIAA-CREF account. Participants may borrow from the 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. The loans are secured by the balance in the participants account. As such, these loans are included in the statements of net assets available for benefits as notes receivable from participants. The loan interest rate is fixed at prime plus 1% at time of distribution. Principal and interest is paid ratably through ADT. The CARES Act allowed the plan to increase the maximum loan limits for eligible participants from \$50,000 or 50% of vested account balances to \$100,000 or 100% of the vested account balance for loans made within 180 days of the enactment of the CARES Act on March 27, 2020.

(h) Investment Options

Participants may direct their account balance into investment options offered under the Plan in 1% increments. Investment options include shares in registered investment company funds, insurance company investment contracts, pooled and separate accounts, and participant-directed brokerage accounts. Participants may change their investment elections and make transfers between investment options as frequently as permitted under the individual agreements. Each participant's interest in each

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

investment fund is adjusted as of each valuation date to reflect his or her proportionate share of the total net fair market value of such investment fund. The Plan Sponsor has no duty to inquire into the investment direction of a participant or into any transfer of funds.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. The Plan was established in 1959 and was historically viewed as an amalgamation of individual annuity and custodial accounts. The annuity and custodial accounts of the Plan were historically maintained as individual participant accounts, and consequently, the Plan had not maintained sufficient accounting records and supporting documents. As of December 31, 2008, the Plan's custodians started to provide the Plan Sponsor with annual certified statements summarizing the Plan's activities and holdings. Because of the lack of historical records, the amounts of any excluded annuity and custodial accounts and the related income and distributions, if any, that may have been excluded, are not determinable.

(b) Valuation of Investments

Investments are reported at fair 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. Investment contracts that are fully benefit responsive are required to be reported at contract value. Investment contracts that are not fully benefit-responsive are required to be reported at fair value. Contract value is the amount participants with rights to a fully-benefit-responsive investment contract would receive if they were to initiate a permitted transaction under the terms of the Plan. TIAA Traditional Annuity consists of fully benefit-responsive and nonbenefit-responsive components. The fully benefit-responsive component is reported at contract value and the nonbenefit-responsive component is reported at fair value. Contract value and fair value for either component approximate each other as of December 31, 2024 and 2023.

(c) Investment Income

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 of investments includes the Plan's gains and losses on investments bought, sold, and held during the year.

(d) Contributions

Contributions from Plan participants are recorded in the year in which the employee contributions are withheld from compensation.

(e) Payment of Benefits

Benefits are recorded when paid.

(f) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(g) Administrative Expenses

Administrative expenses related to investment management are allocated among various funds and are included as an offset to Net investment income. Other administrative expenses of the Plan are paid by the Plan Sponsor.

(h) Use of Estimates

The Plan's management prepares the financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP). This requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from estimates.

(3) Information Certified by the Plan's Custodians

The Plan Sponsor has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, TIAA-CREF and Fidelity, qualified institutions, have certified as being complete and accurate the investments, at fair value, the investments in fully benefit-responsive investment contracts, at contract value and notes receivable from participants on the statements of net assets available for benefits, and the net appreciation of investments, dividends, interest income and investment expenses and interest income on notes receivable from participants reflected in the statements of changes in net assets available for benefits as of and for the years ended December 31, 2024 and 2023, and the investment information included in the supplemental schedule of the financial statements as of December 31, 2024. Accordingly, as permitted under such election, the Plan Sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate by the Plan's custodians for their respective periods.

(4) Insurance Company Investment Contracts

The TIAA Traditional Annuity is a fixed-rate guaranteed annuity contract offered by TIAA, an insurance company. Contributions to the TIAA Traditional Annuity purchase a contractual or guaranteed amount of future benefits for the participant. The guarantees and returns of the TIAA Traditional Annuity are backed by TIAA's claims-paying ability. TIAA Traditional Annuity is offered through a variety of contract types – Supplemental Retirement Annuity (SRA), Group Supplemental Retirement Annuity (GSRA), Retirement Choice Plus (RCP), and Retirement Annuity (RA). TIAA Traditional Annuity holdings within liquid contracts (SRA, GSRA and RCP) are fully benefit responsive and therefore recorded at contract value. TIAA Traditional Annuity holdings within illiquid contracts (RA) are nonbenefit responsive and are therefore recorded at fair value. The type of contract determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement.

Certain events could limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (3) the failure of the custodial account to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

TIAA Traditional Annuity crediting interest rate (guaranteed minimum plus additional interest, if any) for RA contracts was 5.25% and 6.75% as of December 31, 2024 and 2023. For both accumulating SRA and GSRA contracts, the crediting interest rate was 4.50% and 6.00% as of December 31, 2024 and 2023, respectively. For RCP contracts, the crediting interest rate was 4.75% and 6.25% as of December 31, 2024 and 2023, respectively.

(5) Fair Value Measurement

FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation methods 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). An asset or liability's assigned level within the fair value hierarchy is determined to be the same as the lowest level of significant input. The three levels of the fair value hierarchy under FASB ASC Topic 820 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 quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

- The fair values of registered investment company investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).
- The fair values of accumulation units held by the Plan in CREF accounts are based on each account's daily net asset value (NAV), which is considered readily determinable fair value. CREF accounts are classified within Level 1 of the fair value hierarchy. Data for NAVs is available daily to Plan Sponsor and client investors on TIAA-CREF's web site. Underlying holdings are valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts.
- The fair value of the Plan's interest in the TIAA Real Estate Account (pooled separate account) is based on the fund's daily NAV, which is considered readily determinable fair value. This investment is classified within Level 1 of the fair value hierarchy. The unit value of the fund is calculated daily and available to Plan Sponsor and client investors on TIAA-CREF's web site. Underlying holdings are valued using independent appraisals or independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in this account.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

- Investments in TIAA Traditional Annuity contracts that are nonbenefit responsive investment contracts are recorded at fair value. As these investments are contract based, observable prices for identical or similar investments do not exist. Accordingly, these investments are valued using unobservable inputs (Level 3). Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate, which correlates closely with TIAA Traditional Annuity's historical crediting rates. Liquidity restrictions apply to certain types of nonbenefit responsive investment contracts that could impact the value realized upon exiting the contract. See note 4 for discussion of the TIAA Traditional Annuity.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While plan management 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 Plan has various processes and controls in place to ensure that fair value is reasonably estimated.

The following tables present the Plan's investments by major category within the fair value hierarchy as of December 31, 2024 and 2023. The tables also present investment strategy for applicable plan investments that are valued at NAV per share:

	2024		
	Level 1	Level 3	Total
Cash and cash equivalents	\$ 330,429	\$ —	\$ 330,429
Registered investment companies:			
Domestic equity funds (a)	92,875,294	—	92,875,294
International equity funds (a)	27,118,267	—	27,118,267
Fixed income (b)	187,542,725	—	187,542,725
Money market/short-term (c)	956,556	—	956,556
Lifecycle/asset allocation (d)	275,890,651	—	275,890,651
CREF accounts:			
Equity funds (a)	127,176,837	—	127,176,837
Fixed income funds (b)	3,593,483	—	3,593,483
Multi-asset funds (e)	29,646,464	—	29,646,464
Money market funds (c)	7,931,280	—	7,931,280
	753,061,986	—	753,061,986
TIAA Real Estate account (f)	4,911,340	—	4,911,340
TIAA Traditional Annuity	—	97,417,506	97,417,506
Total investments	<u>\$ 757,973,326</u>	<u>\$ 97,417,506</u>	<u>\$ 855,390,832</u>

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

	2023		
	Level 1	Level 3	Total
Cash and cash equivalents	\$ 165,290	\$ —	\$ 165,290
Registered investment companies:			
Domestic equity funds (a)	84,419,846	—	84,419,846
International equity funds (a)	28,283,917	—	28,283,917
Fixed income (b)	169,104,080	—	169,104,080
Money market/short-term (c)	1,027,214	—	1,027,214
Lifecycle/asset allocation (d)	264,757,581	—	264,757,581
CREF accounts:			
Equity funds (a)	112,750,499	—	112,750,499
Fixed income funds (b)	3,772,694	—	3,772,694
Multi-asset funds (e)	24,841,265	—	24,841,265
Money market funds (c)	7,284,835	—	7,284,835
	696,407,221	—	696,407,221
TIAA Real Estate account (f)	5,440,470	—	5,440,470
TIAA Traditional Annuity	—	102,045,395	102,045,395
Total investments	<u>\$ 701,847,691</u>	<u>\$ 102,045,395</u>	<u>\$ 803,893,086</u>

* All investments in registered investment companies can be redeemed daily while investments in the TIAA Real Estate account can be redeemed on any day limited to once per quarter.

Notes

- (a) Funds in this category invest in a diversified portfolio of domestic and/or foreign stocks to achieve a long-term rate of return.
- (b) Funds in this category invest in various types of debt securities to achieve a long-term rate of return while preserving capital. These funds invest heavily in U.S. government bonds.
- (c) This fund invests in high quality, short-term instruments to achieve high current income and capital preservation. This account primarily invests in commercial paper, bank obligations, and U.S. government issued securities that are classified as first tier securities.
- (d) These funds invest in registered investment companies with underlying holdings that vary in terms of composition (equities, bonds, cash, etc.) based on a degree of risk and expected return an investor is willing to accept based on their targeted retirement date.
- (e) This fund invests in domestic and foreign equities and in fixed income securities to achieve a long-term rate of return while giving special consideration to certain social criteria.
- (f) This fund invests in real estate properties, other real estate related investments, and securities. Underlying real estate holdings are valued using external appraisals. Underlying securities are generally priced using values obtained from independent pricing sources.

There were no transfers between Levels 1, 2, and 3 during the year ended December 31, 2024 or 2023. The Plan's policy is to reflect transfers between levels at the beginning of the year in which a change in circumstances resulted in the transfer.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The following table rolls forward the balances and presents significant unobservable inputs relating to Level 3 assets during the years ended December 31, 2024 and 2023:

	2024	2023
TIAA Traditional Annuity:		
Balance, beginning of year	\$ 102,045,395	\$ 105,157,192
Investment income, including realized gains	3,386,978	2,774,909
Unrealized gains (losses) relating to instruments still held at end of year	(91,284)	633,851
Investment earnings	1,430,865	1,766,113
Purchases	10,745,887	9,041,171
Sales	(20,100,335)	(17,327,841)
Balance, end of year	\$ 97,417,506	\$ 102,045,395
	Discounted cash flow	
	Risk-adjusted discount rate	
	2024	2023
Valuation technique:		
Significant unobservable inputs:		
Range:		
RA Contracts	3.65% - 6.50%	4.00% - 6.75%

(6) Tax Status

The Plan is intended to comply with the applicable qualification requirements of Section 403(b) of the IRC. The terms of the Plan have been prepared to conform to the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b) and as such is exempt from federal income taxes.

U.S. GAAP requires 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 the taxing authorities. The Plan Sponsor 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 audits by taxing jurisdictions. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2021.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(7) Party-in-Interest Transactions and Investment Fees

Certain plan investments are managed by TIAA, FSB and Fidelity, the custodians. Therefore, the related investment transactions qualify as party-in-interest transactions. The Plan paid fees for investment management services totaling \$1,157,822 and \$1,593,228 for the years ended December 31, 2024 and 2023, respectively. These fees are offset within net investment income on the face of the financial statements.

(8) Risks and Uncertainties

The Plan provides for various investment options that invest in a combination of stock, bonds, and other investments. Securities are exposed to various risks, such as interest rate, market volatility risks, and credit risks.

(9) Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

(10) 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 the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 962,549,126	\$ 909,939,001
Deemed distributed participant loans	<u>(110,560)</u>	<u>(55,414)</u>
Net assets available for benefits per the Form 5500	<u>\$ 962,438,566</u>	<u>\$ 909,883,587</u>

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

Net increase in net assets available for benefits per the financial statements	\$ 52,610,125
Prior year distributed participant loans	55,414
Deemed distributed participant loans	<u>(110,560)</u>
Net increase per the Form 5500	<u>\$ 52,554,979</u>

(11) Subsequent Events

In connection with the preparation of the financial statements, the Plan Sponsor evaluated subsequent events after the statement of net assets available for benefits date of December 31, 2024 through September 25, 2025, which was the date the financial statements were available to be issued.

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN

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

EIN 43-0654872 PN 001

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value	Shares held
* Fidelity	Shares in registered investment companies FID INVST GR BD	\$ 785,427	110,936
* Fidelity	Shares in registered investment companies FID GOV CASH RESERVE	956,556	956,556
* Fidelity	Shares in registered investment companies FID BALANCED	7,355,083	248,819
* Fidelity	Shares in registered investment companies FID FREEDOM INC K	864,468	82,018
* Fidelity	Shares in registered investment companies FID FREEDOM 2010 K	1,677,232	120,491
* Fidelity	Shares in registered investment companies FID FREEDOM 2015 K	7,339,017	643,773
* Fidelity	Shares in registered investment companies FID FREEDOM 2020 K	4,324,936	301,179
* Fidelity	Shares in registered investment companies FID FREEDOM 2025 K	5,561,684	408,647
* Fidelity	Shares in registered investment companies FID FREEDOM 2030 K	10,162,315	579,049
* Fidelity	Shares in registered investment companies FID FREEDOM 2035 K	7,173,550	458,374
* Fidelity	Shares in registered investment companies FID FREEDOM 2040 K	5,149,018	445,417
* Fidelity	Shares in registered investment companies FID FREEDOM 2045 K	1,289,201	95,709
* Fidelity	Shares in registered investment companies FID FREEDOM 2050 K	1,235,060	90,481
* Fidelity	Shares in registered investment companies FID FREEDOM 2055 K	332,454	21,028
* Fidelity	Shares in registered investment companies FID FREEDOM 2060 K	110,572	7,631
* Fidelity	Shares in registered investment companies FID FREEDOM 2065 K	12,516	947
* TIAA Trust, N.A.	Insurance Company General Contract TIAA Traditional Benefit Responsive	40,260,233	-
* TIAA Trust, N.A.	Insurance Company General Contract TIAA Traditional Non Benefit Responsive	96,978,159	-
* TIAA Trust, N.A.	Insurance Company General Contract TIAA Traditional Benefit Responsive 2	65,466,571	-
* TIAA Trust, N.A.	Insurance Company General Contract TIAA Traditional Non Benefit Responsive 2	219,141	-
* TIAA Trust, N.A.	Insurance Company General Contract Plan Loan Default Fund	220,206	-
* TIAA Trust, N.A.	Registered Investment Company CREF Stock R2	83,648,415	91,783
* TIAA Trust, N.A.	Registered Investment Company CREF Money Market R2	4,843,045	163,411
* TIAA Trust, N.A.	Registered Investment Company CREF Social Choice R2	10,227,833	27,862
* TIAA Trust, N.A.	Registered Investment Company CREF Global Equities R2	8,611,475	24,873
* TIAA Trust, N.A.	Registered Investment Company CREF Growth R2	15,741,915	30,010
* TIAA Trust, N.A.	Registered Investment Company CREF Equity Index R2	8,861,201	17,240
* TIAA Trust, N.A.	Registered Investment Company CREF Inflation-Linked Bond R2	1,017,407	12,070
* TIAA Trust, N.A.	Pooled Separate Account TIAA Real Estate	4,911,340	10,648
* TIAA Trust, N.A.	Registered Investment Company CREF Core Bond R2	2,576,077	19,249
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2010 R6	7,211,428	443,235
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2015 R6	4,422,338	260,138
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2020 R6	14,135,050	749,870
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2025 R6	18,601,880	871,282
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2030 R6	25,152,669	1,041,518
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2035 R6	32,610,988	1,218,192
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2040 R6	33,889,531	1,157,429
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2045 R6	24,887,580	806,206
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2050 R6	15,985,398	507,634
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCycle Ix 2055 R6	9,031,195	354,443
* TIAA Trust, N.A.	Registered Investment Company Nuveen LfCyc Ix Ret Inc R6	605,369	37,883
* TIAA Trust, N.A.	Registered Investment Company Nuveen Large Cap Resp Eq R6	10,286,579	391,273
* TIAA Trust, N.A.	Registered Investment Company American EuroPac Growth R6	17,373,632	323,411
* TIAA Trust, N.A.	Registered Investment Company PIMCO Total Return Instl	8,886,301	1,047,913
* TIAA Trust, N.A.	Registered Investment Company Vanguard Infl Protect Sec Inst	10,708,079	1,167,729
* TIAA Trust, N.A.	Registered Investment Company Vanguard Inst Idx Inst Plus	113,849,879	237,742
* TIAA Trust, N.A.	Registered Investment Company Vanguard Mid-Cap Idx Inst	17,604,282	243,793
* TIAA Trust, N.A.	Registered Investment Company Vanguard Small-Cap Idx Inst	20,593,847	178,844
* TIAA Trust, N.A.	Registered Investment Company Vanguard Ttl Intl Stk Idx Inst	26,341,399	207,871

SAINT LOUIS UNIVERSITY 403(b) ANNUITY PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN 43-0654872 PN 001
December 31, 2024

<u>Identity of issuer, borrower, lessor, or similar party</u>	<u>maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Current value</u>	<u>Shares held</u>
* TIAA Trust, N.A. Registered Investment Company	Vanguard Ttl Bd Mkt Idx Inst	24,748,740	2,610,627
* TIAA Trust, N.A. Registered Investment Company	T Rowe Price Equity Income I	18,405,152	531,941
* TIAA Trust, N.A. Registered Investment Company	Vanguard Real Estate Idx Inst	10,516,126	537,909
* TIAA Trust, N.A. Registered Investment Company	Nuveen LfCycle Ix 2065 R6	454,444	32,026
* TIAA Trust, N.A. Registered Investment Company	Allspring Spec SmallCap Val R6	2,744,501	68,203
* TIAA Trust, N.A. Registered Investment Company	BlackRock Mid Cap Growth Eq K	927,470	21,282
* TIAA Trust, N.A. Registered Investment Company	JPMorgan Large Cap Growth R6	18,334,226	218,942
* TIAA Trust, N.A. Registered Investment Company	MassMutual Small Cap Gr Eq I	1,389,888	86,168
* TIAA Trust, N.A. Registered Investment Company	Victory Sycamore Estab Val R6	3,297,916	71,709
* TIAA Trust, N.A. Registered Investment Company	CREF Money Market R4	7,931,280	265,018
* TIAA Trust, N.A. Registered Investment Company	CREF Social Choice R4	19,418,631	52,376
* TIAA Trust, N.A. Registered Investment Company	CREF Stock R4	34,319,435	37,284
* TIAA Trust, N.A. Registered Investment Company	Nuveen LfCycle Ix 2060 R6	2,151,333	108,708
* TIAA Trust, N.A. Self-Directed Account	TIAA-CREF Self Directed Acct	6,388,963	-
		<u>961,117,636</u>	
* Notes receivable from participants - interest rates range from 4.25% to 9.50% with maturities through 2034		1,431,490	
		<u>\$ 962,549,126</u>	

* Represents a party-in-interest

Plan Name	Saint Louis University 403(b) Annuity Plan
Plan Sponsor EIN	43-0654872
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Saint Louis University 403(b) Annuity Plan
Plan Sponsor EIN	43-0654872
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	