

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan): ST. JOHN'S UNIVERSITY
2b Employer Identification Number (EIN): 11-1630830
2c Plan Sponsor's telephone number: 718-990-2941
2d Business code (see instructions): 611000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include Grace Zontini (plan administrator) and Keaton Wong (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor DIRECTOR OF BENEFITS ST. JOHN'S UNIVERSITY 8000 UTOPIA PARKWAY JAMAICA, NY 11439	3b Administrator's EIN 11-1630830 3c Administrator's telephone number 718-990-2941
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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
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5 Total number of participants at the beginning of the plan year	5	5408
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	3087
a(2) Total number of active participants at the end of the plan year	6a(2)	3106
b Retired or separated participants receiving benefits	6b	8
c Other retired or separated participants entitled to future benefits	6c	2301
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	5415
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	30
f Total. Add lines 6d and 6e	6f	5445
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	4161
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	4205
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2S 2T

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

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

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY		D Employer Identification Number (EIN) 11-1630830

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1095345	35	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	403812
5	Current value of plan's interest under this contract in separate accounts at year end.....	2124778
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 type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP DEFERRED ANNUITIES	
b	Balance at the end of the previous year	7b 850759
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 7212
	(4) Transferred from separate account	7c(4) 48720
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 55932
d	Total of balance and additions (add lines 7b and 7c(6))	7d 906691
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 502388
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 491
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 502879	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 403812

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY</p>	<p>D Employer Identification Number (EIN) 11-1630830</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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	25955-072	35	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
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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	6898
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
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 type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ MGA	
b	Balance at the end of the previous year	7b 6668
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 216
	(4) Transferred from separate account	7c(4) 14
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 230
d	Total of balance and additions (add lines 7b and 7c(6))	7d 6898
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 6898

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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830

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	101996	2538	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 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 396610727
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 387038755
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 394596591
c	Additions: (1) Contributions deposited during the year	7c(1) 4947332
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 17506863
	(4) Transferred from separate account	7c(4) 42129852
	(5) Other (specify below)..... ▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS	7c(5) 583412
	(6) Total additions	7c(6) 65167459
d	Total of balance and additions (add lines 7b and 7c(6))	7d 459764050
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 24247374
	(2) Administration charge made by carrier.....	7e(2) 130983
	(3) Transferred to separate account	7e(3) 38773460
	(4) Other (specify below)..... ▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS	7e(4) 1506
(5) Total deductions	7e(5) 63153323	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 396610727

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 ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830	

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 INC

04-2647786

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

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

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

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	135964	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)

FIDUCIENT ADVISORS, LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	101398	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 INC

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?
37 50 64 65 71	NONE	69165	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

GRANT THORNTON LLP

36-6055558

(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	27780	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)

(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"/>

(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
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
AMG YACKTMAN FOCUSED N 600 STEAMBOAT RD STE 300 GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
AQR LARGE CAP DEFENSIVE STYLE CL N 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
BNY MELLON SMALLCAP STOCK INDEX INV 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556	0.35%	

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
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
BAIRD AGGREGATE BOND FD INSTL 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.03%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
GLENMEDE SMALL CAP EQUITY ADVISOR 1650 MARKET ST. STE 1200 PHILADELPHIA, PA 19103	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
JPMORGAN LARGE CAP GROWTH CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	

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
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
BITCOIN STRATEGY FD INVT 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
MATTHEW 25 P.O. BOX 2479 JENKINTOWN, PA 19046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
MATTHEWS INDIA FUND 4 EMBARCADERO CENTER STE 550 SAN FRANCISCO, CA 94111	0.40%	

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
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
MORGAN STANLEY INSIGHT A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
EVENTIDE GILEAD FUND CLASS N 80 ARKAY STE 110 HAUPPAUGE, NY 11788	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
AMERICAN NEW PERSPECTIVE CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	

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
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.
T ROWE PRICE ALL CAP OPPORTUNITIES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.
T ROWE PRICE GLOBAL STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.
T ROWE PRICE SCIENCE&TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.15%

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
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
VICTORY NASDAQ 100 INDEX FD CL A 4900 TIEDEMAN RD 4TH FL BROOKLYN, OH 44114	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
J H DEV WORLD BOND I - JANUS HENDER 151 DETROIT STREET DENVER, CO 80206	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
METLIFE FIXED-OLD 200 PARK AVENUE NEW YORK, NY 10166	0.25%	

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
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
METLIFE FIXED-OLD 1 FINANCIAL CTR STE 20 BOSTON, MA 02111	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(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.	
TRP EQUITY INCOME - T.ROWE PRICE 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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>ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ST. JOHN'S UNIVERSITY</u>	D Employer Identification Number (EIN) <u>11-1630830</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)
---------------	--

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>43473841</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)

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.	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 ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	578900	597238
(2) Participant contributions	1b(2)	642417	643842
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11867189	11709362
(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)	2672710	2934419
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	46101789	43473841
(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)	895430496	992363454
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	395502737	397021437
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1352796238	1448743593
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	1352796238	1448743593

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)	13289759	
(B) Participants.....	2a(1)(B)	17253065	
(C) Others (including rollovers).....	2a(1)(C)	5690085	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		36232909
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	451557	
(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)	203406	
(F) Other.....	2b(1)(F)	17514291	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18169254
(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)	25591925	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25591925
(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)		-1886635
(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)		113532842
c Other income	2c		1091778
d Total income. Add all income amounts in column (b) and enter total	2d		192732073

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	90428410	
(2) To insurance carriers for the provision of benefits	2e(2)	5795425	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		96223835
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		226576
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1767	
(3) Recordkeeping fees	2i(3)	203362	
(4) IQPA audit fees	2i(4)	27780	
(5) Investment advisory and investment management fees	2i(5)	101398	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		334307
j Total expenses. Add all expense amounts in column (b) and enter total	2j		96784718

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		95947355
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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. JOHN'S UNIVERSITY</u>	D Employer Identification Number (EIN) <u>11-1630830</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-2826183 04-2647786

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Financial Statements and Report of
Independent Certified Public
Accountants

**St. John's University Defined Contribution
Retirement Plan**

December 31, 2024 and 2023

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* All other schedules are omitted as they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security act of 1974 ("ERISA"), as amended, and applicable regulations issued by the U.S. Department of Labor.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees
St. John's University Defined Contribution Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We were engaged to perform audits of the financial statements of St. John's University Defined Contribution Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 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 ended December 31, 2024 and 2023, 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

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

Responsibilities of management for the financial statements

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

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

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

Auditor's responsibilities for the audit of the financial statements

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 audits.

Other matter - supplemental schedules required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 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 of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.



St. John's University Defined Contribution Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2024	2023
ASSETS		
Investments at fair value, as certified (Notes 3 and 4)		
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	\$ 351,167,661	\$ 348,567,520
Registered investment companies	1,004,072,816	907,297,685
Pooled separate account	43,473,841	46,101,789
Total investments at fair value	1,398,714,318	1,301,966,994
Investments at contract value, as certified (Notes 3 and 5)		
TIAA Traditional Annuity Accounts - Benefit Responsive	45,443,066	46,029,071
MetLife and Fidelity stable value funds	410,710	906,146
Total investments at contract value	45,853,776	46,935,217
Total investments	1,444,568,094	1,348,902,211
Receivables		
Notes receivable from participants, as certified (Notes 1 and 3)	2,934,419	2,672,710
Employer contributions	597,238	578,900
Participants' contributions	643,842	642,417
Total receivables	4,175,499	3,894,027
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,448,743,593	\$ 1,352,796,238

The accompanying notes are an integral part of these financial statements.

St. John's University Defined Contribution Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	<u>2024</u>	<u>2023</u>
Additions to net assets attributable to		
Investment income, as certified (Note 3)		
Net appreciation in fair value of investments	\$ 112,735,234	\$ 129,872,069
Earned income from TIAA Traditional Annuity Accounts	17,515,853	18,220,609
Interest and dividends	<u>26,044,671</u>	<u>17,937,933</u>
Net investment income	<u>156,295,758</u>	<u>166,030,611</u>
Interest on notes receivable from participants, as certified (Notes 1 and 3)	<u>203,406</u>	<u>126,577</u>
Contributions		
Employer	13,289,759	12,914,851
Participants	17,253,065	17,036,691
Participants rollovers	<u>5,690,085</u>	<u>3,251,078</u>
Total contributions	<u>36,232,909</u>	<u>33,202,620</u>
Total additions	<u>192,732,073</u>	<u>199,359,808</u>
Deductions from net assets attributable to		
Benefits paid	96,450,411	63,053,046
Administrative fees	<u>334,307</u>	<u>326,847</u>
Total deductions	<u>96,784,718</u>	<u>63,379,893</u>
NET INCREASE	95,947,355	135,979,915
Net assets available for benefits, beginning of year	<u>1,352,796,238</u>	<u>1,216,816,323</u>
Net assets available for benefits, end of year	<u><u>\$ 1,448,743,593</u></u>	<u><u>\$ 1,352,796,238</u></u>

The accompanying notes are an integral part of these financial statements.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the St. John's University Defined Contribution Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement program established by St. John's University (the Plan Sponsor or University) in accordance with the Internal Revenue Code (IRC), as amended, IRC Section 403(b). The Plan covers substantially all full-time faculty, administrators, and staff. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The effective date of the Plan was July 1, 1965. The Plan was last amended and restated effective January 1, 2016 with subsequent amendments effective as of January 1, 2019, January 1, 2020, March 27, 2020, July 1, 2020, March 1, 2021, September 1, 2021, January 1, 2022, November 16, 2022, and September 10, 2024. The amendment with effective date as of January 1, 2019 related to 15-year catch-up contributions, cash withdrawals, and minimum distribution requirements. The amendments with effective dates in calendar year 2020 related to the Coronavirus Aid, Relief and Economic Security Act (CARES Act) withdrawals and plan loans, minimum distribution requirements, participant definition, and matching contribution rate reductions. The amendments with effective dates in calendar year 2021 related to a tax-deferred annuity program and withdrawals under a collective bargaining agreement. The amendments with effective dates in calendar year 2022 related to plan loan distributions, matching contribution rate increases, and plan loans outstanding for plan years covering 2009 through 2018. The amendment in calendar year 2024 related to loans initiated during the period from January 1, 2006 to December 31, 2015 used solely to purchase a primary residence.

Plan Administration

The Plan is administered by the Retirement Plan Oversight Committee (the Committee), which consists of an officer and employees of the Plan Sponsor.

Contributions

The Plan provides for automatic enrollment at a 5% participant contribution rate (with an opt out option) on the first of the month following the date the service eligibility is met which is a 12-consecutive month period that constitutes one year of service at the University or at any accredited college or university.

Participants may contribute to the Plan subject to IRC limits, which were up to \$23,000 (\$30,500 if age 50 or older) and \$22,500 (\$30,000 if age 50 or older) in 2024 and 2023, respectively. Participants may also contribute amounts representing rollovers from other qualified plans. Eligible employees can voluntarily contribute to the Plan the first of the month following the date of hire or the first of the month if hired on the first of the month. All participants must contribute a minimum of 5% of their base salary to receive the University's contribution. Employees receive a University contribution of 5% on the first of the month following the date the service eligibility is met. After the fifth anniversary of employment, the University contribution increases to 8% of base salary for employees not covered under a collective bargaining agreement and 10% of base salary for employees covered under a collective bargaining. Contributions are subject to certain other IRC limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the employer's contribution and plan earnings (or losses). The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Vesting

Each participant is fully and immediately 100% vested in their account balances.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and University contributions into various investment options under one of the Fund Sponsors. Plan contributions are invested in one or more of the funding vehicles available to participants under the Plan. Participants may change their investment options at any time. The Fund Sponsors are as follows:

- Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA and CREF). TIAA Trust, N.A., a national trust bank, is a directed trustee or custodian of certain investments that are record kept by TIAA.
- Fidelity Management Trust Company (Fidelity).
- Metropolitan Life Insurance Company (MetLife) was a Fund Sponsor prior to January 1, 2013. Effective as of that date, no further Plan contributions may be allocated to any funding vehicle sponsored by MetLife. Plan contributions invested through MetLife prior to January 1, 2013 may be transferred, at the Participant's election, to any funding vehicle offered by a current Fund Sponsor, but such Plan contributions may not be transferred from such a fund vehicle to a funding vehicle sponsored by MetLife.

Payment of Benefits

Participants may receive all or a portion of their vested account balance upon reaching 59½ years of age, termination of service due to retirement, death, severance from employment, and disability. A participant may elect to receive benefit payments in the form of a lump-sum payment, an annuity, or installment-based payment as set forth by the plan document. Participants may also receive hardship withdrawals for reasons of financial hardship.

Loans with TIAA and MetLife

Generally, participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 45% of the assets held with TIAA or MetLife, subject to certain restrictions. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within five years. For loans with TIAA and MetLife, adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. Interest rates are variable and can increase or decrease once a year. For loans issued directly by TIAA, the participant's account balance in the TIAA Traditional Annuity Account is used as collateral. For loans issued directly by MetLife, the participant's account balance in the MetLife loan collateral account is used as collateral. Interest and principal are paid by the participant directly to TIAA and MetLife. The loans are not considered assets of the Plan and, therefore, are not reported in the statements of net assets available for benefits. The TIAA loans amounted to approximately \$1.6 million and \$2.3 million at December 31, 2024 and 2023, respectively. Interest rates on the loans ranged from approximately 4.00% to 7.60% as of December 31, 2024 and 2023 and mature through 2031. Loans with MetLife amounted to approximately \$39,000 and \$53,000 at December 31, 2024 and 2023, respectively. Interest rates on the loans ranged from approximately 5.25% to 6.00% and 5.00% to 5.50% as of December 31, 2024 and 2023, respectively, and mature through 2028.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Effective December 2021, the University discontinued issuing these loans with TIAA and instead are issuing participant loans, which are issued directly from the participant's account and are reported as notes receivable as described below.

Notes Receivable from Participants

Generally, participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 45% of the assets held with Fidelity, subject to certain restrictions. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within five years.

Participant loans issued by Fidelity are from the participant's account and bear interest at rates that range from approximately 4.25% to 9.50% at December 31, 2024 and 2023. These loans mature through 2034 and 2030 at December 31, 2024 and 2023, respectively. Participant loans issued by Fidelity are considered assets of the Plan and, therefore, are reported in the statements of net assets available for benefits as notes receivable from participants.

Participant loans issued by TIAA are from the participant's account and bear interest at rates that range from 4.25% to 9.50% at December 31, 2024 and 2023. These loans mature through 2034 and 2033 at December 31, 2024 and 2023, respectively. Participant loans issued by TIAA are considered assets of the Plan and, therefore, are reported in the statements of net assets available for benefits as notes receivable from participants.

No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

The Plan was established in 1965 and was historically viewed as an amalgamation of individual annuity and custodial accounts, and the Plan and its recordkeepers did not maintain financial information at a plan level. As of December 31, 2008, the Plan's recordkeepers began to provide the plan administrators with annual certified statements summarizing the Plan's activities and holdings. Because certain historical records were not maintained or are not available at a plan level, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts, and related activity, issued to current and former employees prior to January 1, 2009. In recognition of these recordkeeping matters, the Department of Labor (DOL) released Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans (FAB 2009-02)*, as transitional relief, to address situations where the Plan's management is not able to obtain historical records. The DOL has indicated that it will not reject Form 5500 where contracts are excluded as long as certain conditions as outlined in FAB 2009-02 were met. Further, FAB 2009-02 suggests that plan administrators make good faith efforts to include known contracts. While the Plan administrator has, in good faith, included all known contracts, because of certain incomplete records, there is uncertainty that all contracts have been included. The Plan administrator believes that excluded annuities or custodial accounts, if any, would meet the conditions of FAB 2009-02.

Plan Record Management

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of the ERISA of 1974, as amended. Prior to the amended regulations, the Plan (established in 1965) was not

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

viewed as a separate reporting entity. Consistent with higher education industry practices, recordkeeping of the University's plan has been maintained by the aforementioned service providers since inception of the respective individual service contracts and for all years since the Plan's inception. While the service providers provided details of participant accounts to the individual plan participants, they did not provide sufficient records at the Plan level and as a result, Plan management did not have the necessary records when preparing the financial statements (the effect, if any, on the completeness or accuracy of the Plan's financial statements cannot be determined).

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for the fully benefit responsive investments, including the stable value funds, that are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurement. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments represents the change in fair value of assets from one period to the next and realized gains and losses.

Benefits Paid

Benefits are recorded when paid.

Expenses

Expenses related to investment management are allocated among various funds and are included as an offset to net appreciation (depreciation) in fair value of investments. Other administrative expenses of the Plan are paid by the Plan Sponsor or the Plan (Note 10).

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make 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 those estimates and assumptions.

NOTE 3 - INFORMATION CERTIFIED

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, MetLife, and TIAA and CREF have certified as being complete and accurate the investments and notes receivable from participants used to derive such amounts on the statements of net assets available for benefits, the investment income (loss), and interest on notes receivable from participants reflected in the statements of changes in net assets available for benefits, and the information included in the supplemental schedule of the financial statements as of and for the years ended December 31, 2024 and 2023, as applicable. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate for the respective periods.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Assets as certified at December 31, 2024 and 2023 are summarized as follows:

	2024		Certified by	
	Totals	MetLife	Fidelity	TIAA and CREF
Investments at fair value, as certified				
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	\$ 351,167,661	\$ -	\$ -	\$ 351,167,661
Registered investment companies	1,004,072,816	2,124,778	212,264,634	789,683,404
Pooled separate account	43,473,841	-	-	43,473,841
Total investments at fair value	<u>1,398,714,318</u>	<u>2,124,778</u>	<u>212,264,634</u>	<u>1,184,324,906</u>
Investments at contract value, as certified				
TIAA Traditional Annuity Accounts - Benefit Responsive	45,443,066	-	-	45,443,066
MetLife and Fidelity stable value funds	410,710	403,812	6,898	-
Total investments at contract value	<u>45,853,776</u>	<u>403,812</u>	<u>6,898</u>	<u>45,443,066</u>
Total investments	<u>\$ 1,444,568,094</u>	<u>\$ 2,528,590</u>	<u>\$ 212,271,532</u>	<u>\$ 1,229,767,972</u>
Notes receivable from participants, as certified	\$ 2,934,419	\$ -	\$ 948,799	\$ 1,985,620
	2023		Certified by	
	Totals	MetLife	Fidelity	TIAA and CREF
Investments at fair value, as certified				
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	\$ 348,567,520	\$ -	\$ -	\$ 348,567,520
Registered investment companies	907,297,685	2,966,207	188,892,799	715,438,679
Pooled separate account	46,101,789	-	-	46,101,789
Total investments at fair value	<u>1,301,966,994</u>	<u>2,966,207</u>	<u>188,892,799</u>	<u>1,110,107,988</u>
Investments at contract value, as certified				
TIAA Traditional Annuity Accounts - Benefit Responsive	46,029,071	-	-	46,029,071
MetLife and Fidelity stable value funds	906,146	899,478	6,668	-
Total investments at contract value	<u>46,935,217</u>	<u>899,748</u>	<u>6,668</u>	<u>46,029,071</u>
Total investments	<u>\$ 1,348,902,211</u>	<u>\$ 3,865,685</u>	<u>\$ 188,899,467</u>	<u>\$ 1,156,137,059</u>
Notes receivable from participants, as certified	\$ 2,672,710	\$ -	\$ 781,554	\$ 1,891,156

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Investment income as certified for the years ended December 31, 2024 and 2023 is summarized as follows:

	2024			
	Totals	MetLife	Certified by Fidelity TIAA and CREF	
Net appreciation in fair value of investments	\$ 112,735,234	\$ 647,212	\$ 28,784,127	\$ 83,303,895
Earned income from TIAA Traditional Annuity Accounts	17,515,853	-	-	17,515,853
Interest and dividends	26,044,671	-	7,090,538	18,954,133
Total investment income	\$ 156,295,758	\$ 647,212	\$ 35,874,665	\$ 119,773,881
Interest on notes receivable from participants	\$ 203,406	\$ -	\$ 61,757	\$ 141,649
	2023			
	Totals	MetLife	Certified by Fidelity TIAA and CREF	
Net appreciation in fair value of investments	\$ 129,872,069	\$ 626,796	\$ 28,750,202	\$ 100,495,071
Earned income from TIAA Traditional Annuity Accounts	18,220,609	-	-	18,220,609
Interest and dividends	17,937,933	-	4,958,563	12,979,370
Total investment income	\$ 166,030,611	\$ 626,796	\$ 33,708,765	\$ 131,695,050
Interest on notes receivable from participants	\$ 126,577	\$ -	\$ 42,784	\$ 83,793

NOTE 4 - FAIR VALUE MEASUREMENT

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

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

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.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2024 and 2023:

TIAA Traditional Annuity Non-Benefit Responsive Accounts: The TIAA Traditional Annuity is a fixed-rate contract-based investment for which observable prices for identical or similar investments do not exist and is classified as Level 3. The Plan's TIAA Traditional Annuity investment is through the Retirement Annuity (RA) and Retirement Choice (RC) which are non-benefit responsive contracts. Investments in the TIAA Traditional Annuity earn a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The accumulated crediting interest rate for the RA was approximately 5.25% and 6.75% for the years ended December 31, 2024 and 2023, respectively. The crediting interest rate is calculated on a daily basis. The RA does not allow lump-sum cash withdrawals. Transfers or withdrawals may only be made in 10 annual installments over a period of approximately nine years. The accumulated crediting interest rate for the RC was approximately 5.50% and 7.00% for the years ended December 31, 2024 and 2023, respectively. The crediting interest rate is calculated on a daily basis. The RC only allows lump-sum cash withdrawals within 120 days of the participant's termination date and with a 2.5% surrender charge. Otherwise withdrawals and transfers must be distributed over 84 monthly installments.

Registered investment companies: Consist of mutual funds and variable annuities and are valued at readily determinable quoted prices held by the Plan at year end.

Pooled Separate Account - TIAA Real Estate Account: The fair value is based on the fund's daily net asset value (NAV). The unit value of the fund is calculated daily and available to plan administrators and client investors on NASDAQ's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA general account provides the fund with a liquidity guarantee whereby TIAA ensures that the fund has funds available to meet participant redemption, transfer or cash withdrawal requests.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its 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. There were no changes in methodologies used at December 31, 2024 or 2023, and there were no transfers between levels for the years ended December 31, 2024 and 2023.

The Retirement Plan Oversight Committee performs ongoing due diligence reviews of the Plan's investments.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

There are no unfunded commitments and redemptions may occur daily, except for the TIAA Real Estate Pooled Separate Account, which may be redeemed quarterly, and the TIAA Traditional Annuity Accounts whose redemption restrictions are described above. The following tables present the Plan's fair value hierarchy for those investments measured at fair value as of December 31, 2024 and 2023:

	2024			
	Total Fair Value	Level 1	Level 2	Level 3
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	\$ 351,167,661	\$ -	\$ -	\$ 351,167,661
Registered investment companies	1,004,072,816	1,004,072,816	-	-
Pooled separate account - TIAA Real Estate Account	43,473,841	43,473,841	-	-
	<u>\$1,398,714,318</u>	<u>\$1,047,546,657</u>	<u>\$ -</u>	<u>\$ 351,167,661</u>

	2023			
	Total Fair Value	Level 1	Level 2	Level 3
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	\$ 348,567,520	\$ -	\$ -	\$ 348,567,520
Registered investment companies	907,297,685	907,297,685	-	-
Pooled separate account - TIAA Real Estate Account	46,101,789	46,101,789	-	-
	<u>\$1,301,966,994</u>	<u>\$ 953,399,474</u>	<u>\$ -</u>	<u>\$ 348,567,520</u>

The following tables present information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the fair value hierarchy at December 31, 2024 and 2023:

Type	Fair Value	Valuation Technique	2024	
			Significant Unobservable Input	Range
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	\$ 351,167,661	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied*	RA: 3.65% - 6.50% RC: 3.90% - 6.75%

Type	Fair Value	Valuation Technique	2023	
			Significant Unobservable Input	Range
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	\$ 348,567,520	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied*	RA: 4.00% - 6.75% RC: 4.25% - 7.00%

*Unobservable inputs include discount rate applied.

Purchases of Level 3 investments were \$3,330,816 and \$3,789,458 for the years ended December 31, 2024 and 2023, respectively.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 5 - BENEFIT RESPONSIVE INVESTMENTS, AT CONTRACT VALUE

The TIAA Traditional Annuity is a guaranteed fixed annuity contract available as an investment option to Plan participants. Each contract (Traditional Annuity) is fully and unconditionally guaranteed by TIAA. The Traditional Annuity is offered through a variety of contract types, including Supplemental Retirement Annuities (SRA), and Group Supplemental Retirement Annuities (GSRA), which are benefit responsive. The type of contract through which a participant invests in the TIAA Traditional Annuity 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. Plan loan default fund balances are benefit responsive.

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, are guaranteed by TIAA's claims-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities, and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the crediting interest rate. For accumulating SRA and GSRA contracts, the crediting interest rates were 5.75% and 6.00% at December 31, 2024 and 2023, respectively.

All SRA and GSRA contracts provide for full participant-directed liquidity. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, nor limit the ability of the Plan to transact at contract value with its participants.

NOTE 6 - TAX STATUS

The Plan is intended to comply with the applicable requirements of Section 403(b) of the IRC. A tax determination letter program is not available for individually designed IRC Section 403(b) plans through the Internal Revenue Service (IRS). The Plan administrator and its legal counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC 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 be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 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.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options consisting of annuity accounts of a variety of investment funds, some of which are registered investment companies, and a pooled separate account. The investment funds include U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

The Plan invests directly or indirectly in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate values, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The TIAA Traditional Annuity Accounts represent approximately 27% and 29% of the Plan's net assets as of December 31, 2024 and 2023, respectively, and represent an obligation from TIAA to repay as amounts come due. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Plan administrator does not believe that any events, which would limit the Plan's ability to transact at contract value are probable.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will remain fully vested in their accounts.

NOTE 9 - PARTICIPANT DISTRIBUTIONS AND LOANS

The Plan did not operate in accordance with its terms with respect to its provisions regarding certain in-service withdrawals for certain participants during the years ended December 31, 2016, and 2015, and Plan loan distributions. These errors were corrected under the IRS' Self Correction Program. No amounts are owed by the University to the Plan as a result of these errors or the correction of these errors.

NOTE 10 - RELATED-PARTY TRANSACTIONS

All Plan investments are managed or issued by TIAA and CREF, Fidelity, and MetLife and, therefore, qualify as party-in-interest transactions.

Certain investment management fees are reimbursed to the Plan, a portion of which may be used to pay for Plan expenses or allocated to participants, and are reflected within net appreciation in fair value of investments in the statements of changes in net assets available for benefits. There were \$55,151 and \$99,880 in reimbursed fees allocated to participants in 2024 and 2023, respectively.

NOTE 11 - SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through September 30, 2025, the date the financial statements were authorized to be issued, and determined that no additional disclosures are required.

SUPPLEMENTAL SCHEDULE

St. John's University Defined Contribution Retirement Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN #: 11-1630830, PLAN #: 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	Investments:			
*	TIAA Traditional Annuity Accounts - Non-Benefit Responsive	Insurance contracts		\$ 351,167,661
	Total TIAA Traditional Annuity Accounts - Non-Benefit Responsive			<u>351,167,661</u>
	MetLife Enhanced Preference Plus:			
	Frontier Mid Cap Growth Portfolio	Registered investment companies		2,432
	T. Rowe Price Large Cap Growth	Registered investment companies		31,359
	MFS Value Portfolio	Registered investment companies		1,436
	MFS Value Portfolio Class E	Registered investment companies		4,104
*	MetLife Aggregate Bond Index Portfolio	Registered investment companies		34,329
*	MetLife MSCI EAFE Index Portfolio	Registered investment companies		25,078
*	MetLife Mid Cap Stock Index Portfolio	Registered investment companies		31,492
*	MetLife Russell 2000 Index Portfolio	Registered investment companies		16,804
*	MetLifeStock Index Portfolio	Registered investment companies		509,536
	BrightHouse/Wellington Balanced Portfolio	Registered investment companies		19,526
	BrightHouse/Wellington Core Equity Opportunities Portfolio	Registered investment companies		54,232
*	Fidelity VIP Investment Grade Bond Portfolio	Registered investment companies		97,791
*	Fidelity VIP Equity-Income Portfolio	Registered investment companies		1,389
*	Fidelity VIP Growth Portfolio	Registered investment companies		209,397
	Invesco Global Equity Portfolio	Registered investment companies		1,721
	BlackRock Bond Income Portfolio	Registered investment companies		1,667
	MFS Total Return Portfolio	Registered investment companies		73,652
	T. Rowe Price Small Cap Growth Portfolio	Registered investment companies		91,784
	Clarion Global Real Estate Portfolio	Registered investment companies		8
	Neuberger Berman Genesis Portfolio	Registered investment companies		63,488
	American Funds Growth Fund	Registered investment companies		285,602
	Loomis Sayles Growth Portfolio	Registered investment companies		1,567
	T. Rowe Price Mid Cap Growth Portfolio	Registered investment companies		7
	Loomis Sayles Small Cap Growth Portfolio	Registered investment companies		4
	American Funds Growth Allocation Portfolio	Registered investment companies		23
	American Funds Global Small Cap Fund	Registered investment companies		36,191
	MFS Research International Portfolio	Registered investment companies		57,731
	Western Asset Management Strategic Bond Opportunities Portfolio	Registered investment companies		41,061
	PIMCO Total Return Portfolio	Registered investment companies		3,248
	BrightHouse Asset Allocation 100 Portfolio	Registered investment companies		49,131
	BrightHouse Asset Allocation 40 Portfolio	Registered investment companies		88,629
	BrightHouse Asset Allocation 60 Portfolio	Registered investment companies		133,246
	BrightHouse Asset Allocation 80 Portfolio	Registered investment companies		9,708
	Baillie Gifford International Stock Portfolio	Registered investment companies		22,308
	PIMCO Inflation Protected Bond Portfolio	Registered investment companies		1,580
	Invesco Small Cap Growth Portfolio	Registered investment companies		1,751
	BrightHouse/Artisan Mid Cap Value Portfolio	Registered investment companies		1,030
	Jennison Growth Portfolio	Registered investment companies		3,204
	Morgan Stanley Discovery Portfolio	Registered investment companies		5,862
	American Funds Moderate Allocation Portfolio	Registered investment companies		45,345
	Calvert VP SRI Balanced Portfolio	Registered investment companies		24,580
	American Funds Growth-Income Fund	Registered investment companies		6,534
	Calvert VP SRI Mid Cap Growth Portfolio	Registered investment companies		1,978
	Harris Oakmark International Portfolio	Registered investment companies		19,641
	American Funds The Bond Fund of America	Registered investment companies		13,588
	Total MetLife - Registered investment companies			<u>2,124,778</u>
*	CREF Stock Fund R2	Registered investment companies		212,474,228
*	CREF Money Market Fund R2	Registered investment companies		10,429,641
*	CREF Social Choice Fund R2	Registered investment companies		17,471,987
*	CREF Core Bond Market Fund R2	Registered investment companies		12,653,241
*	CREF Global Equities Fund R2	Registered investment companies		22,775,686
*	CREF Growth Fund R2	Registered investment companies		40,888,675
*	CREF Equity Index Fund R2	Registered investment companies		17,826,442
*	CREF Inflation-Linked Bond Fund R2	Registered investment companies		6,149,765
	T. Rowe Price Rtm 2005 I	Registered investment companies		930,439
	T. Rowe Price Rtm 2010 I	Registered investment companies		2,889,676
	T. Rowe Price Rtm 2015 I	Registered investment companies		7,979,838
	T. Rowe Price Rtm 2020 I	Registered investment companies		5,584,368
	T. Rowe Price Rtm 2025 I	Registered investment companies		11,324,198
	T. Rowe Price Rtm 2030 I	Registered investment companies		17,913,692
	T. Rowe Price Rtm 2035 I	Registered investment companies		20,031,016
	T. Rowe Price Rtm 2040 I	Registered investment companies		19,764,970
	T. Rowe Price Rtm 2045 I	Registered investment companies		19,333,194
	T. Rowe Price Rtm 2050 I	Registered investment companies		10,825,033
	T. Rowe Price Rtm 2055 I	Registered investment companies		5,368,646
	T. Rowe Price Rtm 2060 I	Registered investment companies		1,971,426
	T. Rowe Price Rtm 2065 I	Registered investment companies		307,383
	Western Asset Core Plus Bnd IS	Registered investment companies		15,845,935
	Janus Henderson Dev Wrld Bnd I	Registered investment companies		790,103
	T. Rowe Price Equity Income I	Registered investment companies		31,481,356
	Harbor Capital Appreciation Rt	Registered investment companies		8,707,309
	Diamond Hill SMI/Mid Cap Y	Registered investment companies		9,847,800
	Eaton Vance Atl Cap SMID Ca R6	Registered investment companies		9,443,518
	Invesco Developing Mkts R6	Registered investment companies		8,289,561
*	Nuveen Large Cap Resp Eq R6	Registered investment companies		23,764,898
	American Europac Growth Fund R6	Registered investment companies		17,477,771
	Vanguard Infl Protect Sec Inst	Registered investment companies		9,109,533
	Vanguard Federal Money Mkt Inv	Registered investment companies		10,086,060
	Vanguard Inst Idx - Inst Fund	Registered investment companies		85,660,424
	Vanguard Tl Bd Mkt Idx Inst	Registered investment companies		15,591,538
	Vanguard Extended Mkt Idx Inst Fund	Registered investment companies		38,511,501
	Vanguard Tl Intl Stk Idx Inst Fund	Registered investment companies		37,297,304
*	CREF Core Bond R4	Registered investment companies		157,180
*	CREF Equity Index R4	Registered investment companies		803
*	CREF Global Equities R4	Registered investment companies		60,351
*	CREF Growth R4	Registered investment companies		177,397
*	CREF Inflation-Linked Bond R4	Registered investment companies		46,386
*	CREF Money Market R4	Registered investment companies		734,472
*	CREF Social Choice R4	Registered investment companies		338,480
*	CREF Stock R4	Registered investment companies		1,380,180
	Total TIAA and CREF - Registered investment companies			<u>789,683,404</u>

St. John's University Defined Contribution Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2024

EIN #: 11-1630830, PLAN #: 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Fidelity Contrafund K6 Fund	Registered investment companies		\$ 15,559,385
*	Fidelity Growth Company K6 Fund	Registered investment companies		37,252,825
*	T. Rowe Price Retirement 2005 I Fund	Registered investment companies		113,199
*	T. Rowe Price Retirement 2010 I Fund	Registered investment companies		560,541
*	T. Rowe Price Retirement 2015 I Fund	Registered investment companies		4,074,607
*	T. Rowe Price Retirement 2020 I Fund	Registered investment companies		4,658,527
*	T. Rowe Price Retirement 2025 I Fund	Registered investment companies		17,728,125
*	T. Rowe Price Retirement 2030 I Fund	Registered investment companies		21,588,675
*	T. Rowe Price Retirement 2035 I Fund	Registered investment companies		8,396,678
*	T. Rowe Price Retirement 2040 I Fund	Registered investment companies		12,111,486
*	T. Rowe Price Retirement 2045 I Fund	Registered investment companies		6,130,691
*	T. Rowe Price Retirement 2050 I Fund	Registered investment companies		4,980,806
*	T. Rowe Price Retirement 2055 I Fund	Registered investment companies		1,773,419
*	T. Rowe Price Retirement 2060 I Fund	Registered investment companies		793,547
*	T. Rowe Price Retirement 2065 I Fund	Registered investment companies		265,262
*	T. Rowe Price Equity Income I Fund	Registered investment companies		2,347,550
*	Invs Develop Mkt R6	Registered investment companies		508,477
*	Vanguard Total Intl Stk IS Fund	Registered investment companies		1,148,775
*	Vanguard Total Bond Mkt Inst	Registered investment companies		2,242,199
*	AF Europac Growth R6 Fund	Registered investment companies		2,265,320
*	Vanguard Inst Index Fund	Registered investment companies		28,600,724
*	Eaton Vance AC Smid Cap R6 Fund	Registered investment companies		3,355,774
*	Vanguard Ext Mkt Idx Ins Fund	Registered investment companies		6,741,021
*	Diamond Hill Small Mid Cap Y Fund	Registered investment companies		1,024,101
*	WA Core PLS Bond IS	Registered investment companies		1,915,657
*	J H Dev World Bond I	Registered investment companies		569,667
*	Vanguard Intl Prot Inst Fund	Registered investment companies		712,453
*	Fidelity Fund - Brokerage Link:			
*	Fidelity Utilities	Registered investment companies		38,130
*	Fidelity Aggressive Growth	Registered investment companies		22,824
*	Fidelity Capital & Income	Registered investment companies		149,921
*	Fidelity Select Utilities Growth	Registered investment companies		41,948
*	Fidelity Small Cap Retirement	Registered investment companies		103,011
*	Fidelity Structured Mid Cap Value	Registered investment companies		35,646
*	Fidelity Real Estate Investment	Registered investment companies		89,862
*	Fidelity Convertible Securities	Registered investment companies		112,687
*	Fidelity Multi-Asset Income Fund	Registered investment companies		758
*	Fidelity Total Mkt Index Instl Premium Class	Registered investment companies		113,666
*	Fidelity High Income	Registered investment companies		207,515
*	Fidelity Select Software & Computer	Registered investment companies		566,070
*	Fidelity Growth & Income	Registered investment companies		44,021
*	Fidelity Blue Chip Growth	Registered investment companies		311,195
*	Fidelity Small Cap Growth	Registered investment companies		168,010
*	Fidelity Value	Registered investment companies		2,957
*	Fidelity Small Cap Value	Registered investment companies		40,337
*	Fidelity Large Cap Value Indx Inst Prem	Registered investment companies		128,469
*	Fidelity Select Energy	Registered investment companies		372,190
*	Fidelity Select Technology	Registered investment companies		849,801
*	Fidelity Select Health Care	Registered investment companies		47,082
*	Fidelity Select Pharmaceutical	Registered investment companies		105,963
*	Fidelity Select Medical Equip & System	Registered investment companies		119,233
*	Fidelity Growth & Income II	Registered investment companies		3,995
*	Fidelity Select Electronics	Registered investment companies		650,031
*	Fidelity Select Chemicals	Registered investment companies		189,349
*	Fidelity Select Natural Resources	Registered investment companies		28,659
*	Fidelity Select Medical Delivery	Registered investment companies		57,102
*	Fidelity Select Industrial Materials	Registered investment companies		23,857
*	Fidelity Select Constructn & Housing	Registered investment companies		105,817
*	Fidelity Select Banking Portfolio	Registered investment companies		22,822
*	Fidelity Mid Cap Stock	Registered investment companies		5,805
*	Fidelity Select Retailing	Registered investment companies		127,219
*	Fidelity Select Biotechnology	Registered investment companies		963,677
*	Fidelity Select Gold	Registered investment companies		86,047
*	Fidelity Select Brokerage & Invs Mgt	Registered investment companies		29,357
*	Fidelity Technoquant Growth	Registered investment companies		148,621
*	Fidelity China Region	Registered investment companies		94,303
*	Fidelity Intern'l Small Cap	Registered investment companies		3,645
*	Fidelity Strategic Income Fund	Registered investment companies		64,206
*	Fidelity Focused High Income Fund	Registered investment companies		30,270
*	Fidelity 500 Index Institutional Prem	Registered investment companies		1,089,420
*	Fidelity Europe	Registered investment companies		28,412
*	Fidelity Nordic	Registered investment companies		32,435
*	Fidelity Intl Small Cap Opp Fund	Registered investment companies		1,213
*	Fidelity Balanced	Registered investment companies		73,929
*	Fidelity Capital Appreciation	Registered investment companies		91,790
*	Fidelity Contrafund	Registered investment companies		300,456
*	Fidelity NASDAQ Composite Index	Registered investment companies		1,454,944
*	Fidelity New Millennium	Registered investment companies		208,420
*	Fidelity OTC Port	Registered investment companies		215,818
*	Fidelity Real Estate Income	Registered investment companies		14,908
*	Fidelity Select Transport	Registered investment companies		38,063
*	Fidelity Select Bus SVC & Outsourcing	Registered investment companies		209,665
*	Fidelity Select Cyclical Industries	Registered investment companies		98,468
*	Fidelity Hedged Equity Fund	Registered investment companies		45,055

St. John's University Defined Contribution Retirement Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2024

EIN #: 11-1630830, PLAN #: 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Fidelity Large Cap Growth Indx Intl Pm	Registered investment companies		\$ 491,355
*	Fidelity Emerging Markets	Registered investment companies		41,099
*	Fidelity Select Financial Svcs	Registered investment companies		95,440
*	Fidelity US Sustainability Index FD Instl CL	Registered investment companies		857,512
*	Fidelity Real Estate Index Institutional	Registered investment companies		44,855
*	Fidelity Select Leisure	Registered investment companies		36,610
*	Fidelity Zero Large Cap Index Fund	Registered investment companies		67,442
*	Fidelity Zero International Index	Registered investment companies		17,471
*	Fidelity Small Cap Independence	Registered investment companies		124,816
	Fidelity External Fund – Brokerage Link:			
	Eventide Gilead Fund Retail Class	Registered investment companies		23,961
	Matthew 25	Registered investment companies		32,474
	Matthews India Fund	Registered investment companies		36,387
	BNY Mellon Small Cap Stock Index Investor	Registered investment companies		18,441
	Baird Aggregate Bond Fund Instl	Registered investment companies		106,408
	Glenmede Small Cap Equity – Advisor CI	Registered investment companies		41,648
	AQR US Defensive Equity Fund CL N	Registered investment companies		20,590
	AMG Yacktman Focused Service CL	Registered investment companies		28,000
	Bitcoin Strategy Fund Investor	Registered investment companies		32,701
	T Rowe Price Global Stock	Registered investment companies		32,023
	T Rowe Price New American Growth	Registered investment companies		1,017
	JP Morgan Large Cap Growth Class A	Registered investment companies		74,382
	Morgan Stanley Cap Opprt TR CL A	Registered investment companies		220
	T Rowe Price Science & Technology	Registered investment companies		3,039
	USAA Nasdaq 100 Index Fund A	Registered investment companies		21,244
	American New Perspective Class F	Registered investment companies		8,337
	Vanguard Health Care	Registered investment companies		50,516
	Vanguard Div Apprec Index FD Admiral Shs	Registered investment companies		334,583
	Vanguard Dividend Growth Investor CL	Registered investment companies		8,002
	Vanguard VMMR-Fed MMKT	Registered investment companies		10,316,400
*	Fidelity Cash Reserves - Brokeragelink	Registered investment companies		1,392,962
*	Fidelity Non Interest Bearing Cash - Brokeragelink	Registered investment companies		93,470
	Fidelity Unit – Brokerage Link:			
*	Fidelity Disruptive Tech ETF	Registered investment companies		109,402
*	Fidelity Disruptors ETF	Registered investment companies		61,439
*	Fidelity Enhanced International ETF	Registered investment companies		11,425
	Total Fidelity - Registered investment companies			<u>212,264,634</u>
	Total Registered investment companies			<u>1,004,072,816</u>
*	TIAA Real Estate Account	Pooled separate account		<u>43,473,841</u>
	Total TIAA – Pooled separate account			<u>43,473,841</u>
	Total investments at fair value			<u>1,398,714,318</u>
	Benefit Responsive Investment Contracts:			
*	TIAA Traditional Annuity Accounts - Benefit Responsive at contract value	Insurance contracts		<u>45,443,066</u>
*	FID MetLife Fixed-old	Stable value funds		<u>6,898</u>
*	MetLife Guaranteed Fixed Account & Loan Collateral	Stable value funds		<u>403,812</u>
	Total MetLife and Fidelity stable value funds			<u>410,710</u>
	Total investments at contract value			<u>45,853,776</u>
*	Notes receivable from participants			
	TIAA	Interest rates of 4.25% to 9.50% with maturities through 2034		1,985,620
	Fidelity	Interest rates of 4.25% to 9.50% with maturities through 2034		<u>948,799</u>
	Total notes receivable from participant			<u>2,934,419</u>
	Total assets held			<u>\$ 1,447,502,513</u>

* Parties in interest as defined by ERISA.

** All investments are participant-directed; therefore, disclosure of cost is not required.

Plan Name	St. John's University Defined Contribution Retirement Plan
Plan Sponsor EIN	11-1630830
ERISA Plan #	003
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	St. John's University Defined Contribution Retirement Plan
Plan Sponsor EIN	11-1630830
ERISA Plan #	003
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	