

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SETON HILL UNIVERSITY 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1945
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SETON HILL UNIVERSITY ONE SETON HILL DRIVE GREENSBURG, PA 15601-1548
2b	Employer Identification Number (EIN) 25-0965557
2c	Plan Sponsor's telephone number 724-838-4215
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.

SIGN HERE	Filed with authorized/valid electronic signature.	03/26/2026	JAMES JACKSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 689
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 340 6a(2) 349 6b 0 6c 342 6d 691 6e 1 6f 692 6g(1) 683 6g(2) 685 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan SETON HILL UNIVERSITY 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SETON HILL UNIVERSITY	D Employer Identification Number (EIN) 25-0965557	

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.
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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	407305	398	07/01/2024	06/30/2025

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			
(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

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

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

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

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

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

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

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

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

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

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	12393425
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	13702273

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) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	12401135
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c Additions: (1) Contributions deposited during the year	7c(1)	134153	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	516855	
(4) Transferred from separate account	7c(4)	1526189	
(5) Other (specify below).....	7c(5)	15111	

▶ NEW ACCOUNT CREDITS

(6) Total additions	7c(6)	2192308
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d Total of balance and additions (add lines 7b and 7c(6))	7d	14593443
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1115113	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)	1084507	
(4) Other (specify below).....	7e(4)	398	

▶ NEW ACCOUNT DEBITS

(5) Total deductions	7e(5)	2200018
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	12393425
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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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan SETON HILL UNIVERSITY 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SETON HILL UNIVERSITY	D Employer Identification Number (EIN) 25-0965557	

Part I	Service Provider Information (see instructions)
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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

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

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

SETON HILL UNIVERSITY

25-0965557

(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 49	PLAN SPONSOR	36111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBAL RETIREMENT PARTNERS

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HENDERSON BROS FINANCIAL PTRS

99-4573857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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?
13 15 64	NONE	1396	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan SETON HILL UNIVERSITY 403(B) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SETON HILL UNIVERSITY		D Employer Identification Number (EIN) 25-0965557

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: TIAA-CREF REAL ESTATE			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 441433	
a Name of MTIA, CCT, PSA, or 103-12 IE: CREF STOCK R2			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3676808	
a Name of MTIA, CCT, PSA, or 103-12 IE: CREF MONEY MARKET R2			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 563239	
a Name of MTIA, CCT, PSA, or 103-12 IE: CREF SOCIAL CHOICE			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1624568	
a Name of MTIA, CCT, PSA, or 103-12 IE: CREF GLOBAL EQUITIES R2			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1063196	
a Name of MTIA, CCT, PSA, or 103-12 IE: CREF GROWTH R2			
b Name of sponsor of entity listed in (a): TIAA-CREFF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1709279	
a Name of MTIA, CCT, PSA, or 103-12 IE: CREF EQUITY INDEX R2			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 797290	

a Name of MTIA, CCT, PSA, or 103-12 IE: CREF INFLATION-LINKED BOND R2			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	401686

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV CORE PL BD T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28097

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV EQUITY IDX T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	116595

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV CORE EQUITY T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	57223

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV INTL EQUITY T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	291407

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LFCY RT INC T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13332

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LRG CAP GR T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	97595

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LRG CAP VAL T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	322465

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2010 T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5239

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2015 T4			
b Name of sponsor of entity listed in (a): TIAA-CREF			
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37761

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2020 T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84608

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2025 T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122943

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2030 T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19414

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2035 T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 303128

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2040 T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55253

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2045 T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88196

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LIFCYC 2050 T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 248518

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV QNT MDPCGRW T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84364

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV MID CAP VAL T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144580

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV RIESTSECSSEL T4		
b Name of sponsor of entity listed in (a): TIAA-CREF		
c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71294

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV SM CP BL LX T4

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93557
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV QT SM CP EQ T4

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163453
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA ACCESS NUV LGCP RES EQ T4

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75588
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a Name of MTIA, CCT, PSA, or 103-12 IE: CREF CORE BOND R2

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN 13-1624203-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 900164
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan SETON HILL UNIVERSITY 403(B) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SETON HILL UNIVERSITY		D Employer Identification Number (EIN) 25-0965557

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	295144	311264
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	569168	441433
(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)	51613941	56111542
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	12401135	12393422
(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	64879388	69257661
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	64879388	69257661

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)	1528739	
(B) Participants	2a(1)(B)	1627277	
(C) Others (including rollovers)	2a(1)(C)	94331	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		3250347
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	27191	
(F) Other	2b(1)(F)	514665	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		541856
(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)	1435096	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1435096
(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)		1505161
(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)		2866646
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9599106

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5171760	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5171760
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1396	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	36111	
(5) Investment advisory and investment management fees	2i(5)	11566	
(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)		49073
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5220833

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4378273
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: **SCHNEIDER DOWNS & CO., INC.**

(2) EIN: **25-1408703**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan SETON HILL UNIVERSITY 403(B) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SETON HILL UNIVERSITY		D Employer Identification Number (EIN) 25-0965557
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): 13-1624203		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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_____.

SETON HILL UNIVERSITY 403(B) PLAN
Greensburg, Pennsylvania

Financial Statements
and
Supplementary Information
As of June 30, 2025 and 2024 and
for the year ended June 30, 2025
and Independent Auditor's Report Thereon



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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees and Plan Administrator
Seton Hill University
Greensburg, Pennsylvania

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

We have performed audits of the financial statements of the Seton Hill University 403(b) Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Seton Hill University 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matters - Supplemental Schedule Required by ERISA

The supplemental schedule of schedule of assets (held at end of year) as of June 30, 2025 is presented for the purpose 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. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Schneider Downs & Co, Inc.

Pittsburgh, Pennsylvania
February 2, 2026

SETON HILL UNIVERSITY 403(B) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30	
	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at fair value	\$ 67,090,113	\$ 62,992,649
Investments at contract value	<u>1,856,284</u>	<u>1,591,595</u>
	68,946,397	64,584,244
Receivables:		
Notes receivable from participants	<u>311,264</u>	<u>295,144</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 69,257,661</u></u>	<u><u>\$ 64,879,388</u></u>

See accompanying notes to the financial statements.

SETON HILL UNIVERSITY 403(B) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2025

ADDITIONS:

Interest and dividends	\$ 1,949,761
Net appreciation in fair value of investments	4,371,807
	6,321,568

Interest income on notes receivable from participants	27,191
---	--------

Contributions:

Participants	1,627,277
Employer	1,528,739
Rollovers	94,331

3,250,347

Total Additions	9,599,106
-----------------	-----------

DEDUCTIONS:

Benefits paid to participants	5,171,760
Administrative expenses	49,073

Total Deductions	5,220,833
------------------	-----------

Net Increase	4,378,273
--------------	-----------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	64,879,388

End of year	\$ 69,257,661

See accompanying notes to the financial statements.

SETON HILL UNIVERSITY 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

NOTE 1 - PLAN DESCRIPTION

The following description of the Seton Hill University 403(b) Plan (Plan) provides only general information. Plan participants should refer to the Plan document for a complete description of the Plan's provisions.

General - The Plan is a defined contribution plan sponsored by Seton Hill University (University). Full-time employees, certain part-time employees and adjunct faculty become eligible to join the Plan upon reaching the age of 18. Student employees are excluded from Plan participation. Participating employees, excluding adjunct faculty, who have completed at least 1,000 hours of service during the Plan year may receive matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Retirement Plan Committee is responsible for oversight of the Plan.

Contributions - Each year, participants may elect to contribute through after-tax and before-tax payroll deductions based on a percentage or dollar amount of the participant's eligible compensation, subject to Internal Revenue Code (IRC) limitations. Those who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct their contributions into various investment options offered by the Plan. Participants, excluding adjunct faculty, are eligible to receive matching contributions upon completion of 1,000 hours of service. The Plan makes employer contributions based on a fixed-tiered match. For participants with less than five years of service, the University matched 100% of the participant's contributions from 3% to 5%. At the beginning of the participant's fifth year of service, the University matches 100% of the participant's contributions from 3% to 4% and contributes a total of 6% of the participant's eligible compensation if the participant makes contributions of 5% or greater. At the beginning of the participant's seventh year of service, the University matches 100% of the participant's contributions from 3% to 4% and contributes a total of 8% of the participant's eligible compensation if the participant makes contributions of 5% or greater. The Plan was amended in 2021 to allow for discretionary matching contributions.

Participant Accounts - Each participant's account is credited with the participant's contributions and University's discretionary contributions. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions, University discretionary contributions and actual earnings thereon.

Payment of Benefits - Normal retirement age is the last day of the academic year in which age 65 is attained. Upon reaching retirement age, or earlier termination of service at any age, a participant is entitled to and may elect to receive benefits from Teachers Insurance and Annuity Association of America (TIAA) and/or College Retirement Equities Fund (CREF) annuity accumulations under any of the following options: lump sum (with restrictions), lifetime annuity, partial payments or installment payments not to exceed the life expectancy of the participant.

SETON HILL UNIVERSITY 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 1 - PLAN DESCRIPTION (Continued)

Notes Receivable from Participants - Effective February 2017, the Plan administrator amended the Plan loan policy to allow for retirement plan loans, which are classified as participant loans. These loans are funded by the participant's account balance and represent Plan assets. Participants may borrow up to the lesser of 50% of their vested account balance or \$50,000. Notes receivable may be repaid through payroll deductions or by electronic payments within five years, except those notes used in the purchase of a primary residence, in which case the loans must be repaid within 10 years. Participants are allowed a maximum of three outstanding loans. The loan interest rate is set at 1% above the prime rate, as defined.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied by the Plan administrator in the preparation of the accompanying statements of net assets available for benefits and related statement of changes in net assets available for benefits are the related notes to the financial statements (financial statements) follow:

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expense and are expensed when incurred. No allowance for credit loss has been recorded as of June 30, 2025 or 2024. If a participant ceases to make loan payments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits are recorded when paid.

SETON HILL UNIVERSITY 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Expenses - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the University. Fees related to the administration of notes receivable from participants are charged directly to participant accounts. Service fees related to the Plan's investment consultants are allocated among all Plan participants. Both types of fees are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments. The Plan also maintains a revenue credit account with TIAA under its recordkeeping arrangement. Revenue credits represent amounts allocated by TIAA from revenue sharing arrangements with certain investment options. Revenue credits are deposited into the Plan's revenue credit account and periodically applied to pay allowable plan expenses. Any unused balance at year-end remains in the account and is available for future expense payments. The Plan's policy is to present revenue credits as a reduction of administrative expenses in the accompanying financial statements. As of June 30, 2025 and 2024, the revenue credit account balance was \$143,477 and \$121,860, respectively.

Subsequent Events - Subsequent events are defined as events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are issued or available to be issued. Management has evaluated subsequent events through February 2, 2026, the date that the financial statements were issued, and determined that there have been no events that have occurred that would require adjustments to the disclosures in the financial statements.

NOTE 3 - INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at June 30, 2025 and 2024, and net appreciation in fair value of investments, interest and dividend income and interest income on notes receivable from participants for the year ended June 30, 2025, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by TIAA and CREF, the trustee of the Plan for TIAA, CREF and TIAA-CREF Investment Products, and TIAA, FSB, directed trustee or custodian of certain other investments.

NOTE 4 - FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

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

SETON HILL UNIVERSITY 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

TIAA Traditional Annuity Account - Certain contracts of the TIAA Traditional Annuity Account meet the fully benefit-responsive contract criteria as described in Note 5 and are excluded from the fair value hierarchy table. Contract value equals the accumulated cash contributions and interest credited to the Plan's contract, less any withdrawals, and approximates fair value. The valuation of the Plan's investments in the TIAA Traditional Non-Benefit-Responsive Annuity that are included in the fair value hierarchy table requires significant judgment due to the absence of quoted market prices and heavy reliance on Level 3 inputs. There is, however, a liquidity guarantee by the TIAA general account. The TIAA Traditional Non-Benefit-Responsive Annuity is equal to the cumulative contributions invested plus a guaranteed rate of interest credited over the term based on the rate declared when the contribution is made. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. The discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. When the accumulated value is converted to an annuity, it is converted to a present value annuity based on the participant's life expectancy. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate, which correlates closely with TIAA Traditional Non-Benefit-Responsive Annuity's historical crediting rates.

Mutual Funds - Includes TIAA-CREF funds and other mutual funds. Valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

SETON HILL UNIVERSITY 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

CREF Accounts - Valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments, including matrix pricing. Participants hold accumulation units in CREF accounts, which are registered with the Securities and Exchange Commission. These accounts determine the closing accumulation unit value on any day the NASDAQ is open and are deemed to be readily traded.

TIAA Real Estate - Value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. The daily unit values for the TIAA Real Estate Account are updated overnight for each day that the NASDAQ is open and is listed on the securities exchange.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

2025				
	Level 1	Level 2	Level 3	Total
CREF Accounts	\$ 10,736,230	-	-	\$ 10,736,230
Mutual Funds	45,375,309	-	-	45,375,309
TIAA Traditional Non-Benefit-Responsive Annuity	-	-	\$ 10,537,141	10,537,141
TIAA Real Estate	441,433	-	-	441,433
	<u>\$ 56,552,972</u>	<u>-</u>	<u>\$ 10,537,141</u>	<u>\$ 67,090,113</u>
2024				
	Level 1	Level 2	Level 3	Total
CREF Accounts	\$ 10,566,502	-	-	\$ 10,566,502
Mutual Funds	41,047,439	-	-	41,047,439
TIAA Traditional Non-Benefit-Responsive Annuity	-	-	\$ 10,809,540	10,809,540
TIAA Real Estate	569,168	-	-	569,168
	<u>\$ 52,183,109</u>	<u>-</u>	<u>\$ 10,809,540</u>	<u>\$ 62,992,649</u>

SETON HILL UNIVERSITY 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

Transfers into the TIAA Traditional Non-Benefit Responsive Annuity from other funds totaled \$238,941 and \$157,666 for the years ended June 30, 2025 and 2024, respectively. Transfers out of the TIAA Non-Benefit Responsive Annuity into other funds totaled \$967,596 and \$1,204,356 for the years ended June 30, 2025 and 2024, respectively.

NOTE 5 - BENEFIT-RESPONSIVE ACCOUNTS

Plan participants have entered into the TIAA Traditional Benefit-Responsive Annuity (TIAA Traditional) and the TIAA Stable Value Fund (Stable Value), both fully benefit-responsive annuity contracts with TIAA, the issuer. TIAA maintains TIAA Traditional contributions in a general account and Stable Value contributions in a non-unitized separate account. Accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. TIAA is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

TIAA Traditional is an unallocated fixed annuity contract that is fully and unconditionally guaranteed by TIAA. TIAA Traditional provides a guarantee of principal, a guaranteed minimum rate of interest (generally 3%, but in some recent contracts between 1% and 3%) and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the “declaration year,” which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant’s account purchase a guaranteed amount of lifetime annuity income. When a participant’s account in the TIAA Traditional is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan.

Stable Value is a fixed-rate group annuity contract issued by TIAA. The contract provides a guaranteed minimum rate of interest between 1% and 3% before deductions for contract fees, with the potential for crediting of additional interest above the guaranteed minimum. Additional interest can be declared by the TIAA Board of Trustees, remains in effect for six-month periods and is not guaranteed for future periods.

The contracts meet the fully benefit-responsive contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions, interest credited and transfers, if any, less participant withdrawals. TIAA Traditional and Stable Value are immediately liquid to participants and do not have participant-level withdrawal restrictions, except that immediate transfers from Stable Value cannot be made to competing investment options pursuant to the contract’s “equity wash” provisions.

The Plan’s ability to receive amounts due is dependent on the issuer’s ability to meet its financial obligations, which may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3%. Such interest rates are reviewed at least on an annual basis by the TIAA Board of Trustees for changes.

SETON HILL UNIVERSITY 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 5 - BENEFIT-RESPONSIVE ACCOUNTS (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer, including: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan; (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers that also would limit the ability of the Plan to transact at contract value with the participants.

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

The following table represents the Plan's benefit-responsive assets at contract value as of June 30:

	<u>2025</u>	<u>2024</u>
TIAA Traditional	\$ 1,430,030	\$ 1,084,536
Stable Value	<u>426,254</u>	<u>507,059</u>
	<u>\$ 1,856,284</u>	<u>\$ 1,591,595</u>

NOTE 6 - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of funds managed by TIAA, Nuveen, CREF and TIAA-CREF. TIAA-CREF is the Plan trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment since they are paid directly through revenue sharing rather than a direct payment. Certain administrative functions are performed by employees of the University at no cost to the Plan.

NOTE 7 - PLAN TERMINATION

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

SETON HILL UNIVERSITY 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 8 - TAX STATUS

The Plan is a prototype plan of TIAA-CREF, which received an opinion letter on August 7, 2017, in which the IRS stated that the form of the Plan document was acceptable under the applicable requirements of the IRC. The Plan has been designed to qualify under Section 403(b) of the IRC. Although the Plan has been amended since receiving this opinion letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for Plan years prior to 2022.

NOTE 9 - RISKS AND UNCERTAINTIES

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

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SUPPLEMENTARY INFORMATION

SETON HILL UNIVERSITY 403(B) PLAN

EIN: 25-0965557

PLAN NUMBER: 002

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	TIAA-CREF	TIAA Traditional Non-Benefit-Responsive Annuity	n/a	\$ 10,537,141
*	Nuveen	NUVEEN S&P 500 Index Retire	n/a	5,271,725
*	Nuveen	Nuveen Lifecycle 2040 Retire	n/a	4,263,922
*	CREF	CREF Stock R2	n/a	3,676,808
*	Nuveen	Nuveen Lifecycle 2035 Retire	n/a	3,621,838
*	Nuveen	Nuveen Lifecycle 2020 Retire	n/a	3,220,835
*	Nuveen	Nuveen Lifecycle 2030 Retire	n/a	2,937,374
*	Nuveen	Nuveen Lifecycle 2045 Retire	n/a	2,816,736
*	Nuveen	Nuveen Lifecycle 2025 Retire	n/a	2,543,125
	American Funds	New Perspective Fund R4	n/a	2,415,452
	Hartford Funds	Hartford International Opportunities R5	n/a	1,755,836
*	Nuveen	Nuveen Lifecycle 2050 Retire	n/a	1,749,352
*	CREF	CREF Growth R2	n/a	1,709,279
*	CREF	CREF Social Choice R2	n/a	1,624,568
	Columbia	Columbia Dividend Income Inst	n/a	1,543,138
*	TIAA-CREF	TIAA Traditional Benefit Responsive	n/a	1,430,030
	Delaware	Small CapCore Fd Inst	n/a	1,235,247
	BNY Mellon	MidCap Index Fund Inv	n/a	1,163,218
	Federated Hermes	Total Ret Bd Instl	n/a	1,105,003
*	CREF	CREF Global Equities R2	n/a	1,063,196
*	Nuveen	Nuveen Lifecycle 2055 Retire	n/a	1,031,347
	Alliance Bernstein	AB Large Cap Growth Fund I	n/a	1,016,761
	Vanguard	REIT Index Admiral	n/a	940,272
*	Nuveen	Nuveen Lifecycle 2010 Retire	n/a	936,733
*	CREF	CREF Bond Market R2	n/a	900,164
	Subtotal			60,509,100

* Party-in-interest

See independent auditor's report.

SETON HILL UNIVERSITY 403(B) PLAN

EIN: 25-0965557

PLAN NUMBER: 002

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

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance forward			\$ 60,509,100
*	CREF	CREF Equity Index R2	n/a	797,290
	Victory	Victory SYC Establish Value I	n/a	789,723
	Janus Henderson	Janus Enterprise Fund Class T	n/a	767,137
	Lord Abbett	Short Duration Income Fund R5	n/a	638,555
*	CREF	CREF Money Market R2	n/a	563,239
*	TIAA-CREF	TIAA Real Estate	n/a	441,433
*	TIAA-CREF	TIAA Stable Value	n/a	426,254
*	CREF	CREF Inflation-Linked Bond R2	n/a	401,686
*	Nuveen	Nuveen Lifecycle 2060 Retire	n/a	366,986
*	TIAA-CREF	TIAA Access Nuv Large-Cap Value T4	n/a	322,465
*	Nuveen	Nuveen Lifecycle 2015 Retire	n/a	319,512
	Prudential	PGIM High Yield Fund Z	n/a	313,547
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2035 T4	n/a	303,128
*	TIAA-CREF	TIAA Access Nuv International Equity T4	n/a	291,407
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2050 T4	n/a	248,518
*	TIAA-CREF	TIAA Access Nuv Qt Small-Cap Eq T4	n/a	163,453
*	TIAA-CREF	TIAA Access Nuv Mid-Cap Value T4	n/a	144,580
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2025 T4	n/a	122,943
*	TIAA-CREF	TIAA Access Nuv Equity Index T4	n/a	116,595
*	TIAA-CREF	TIAA Access Nuv Large Cap Growth T4	n/a	97,595
*	TIAA-CREF	TIAA Access Nuv Sm Cp Bl IX T4	n/a	93,557
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2045 T4	n/a	88,196
*	Nuveen	Nuveen Lifecycle 2065 Retire	n/a	87,325
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2020 T4	n/a	84,608
*	TIAA-CREF	TIAA Access Nuv Mid Cap Growth 14	n/a	84,364
	Subtotal			68,583,196

* Party-in-interest

See independent auditor's report.

SETON HILL UNIVERSITY 403(B) PLAN

EIN: 25-0965557

PLAN NUMBER: 002

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

(Continued)

	(b)	(c)		(e)
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	Current Value
	Balance forward			\$ 68,583,196
*	TIAA-CREF	TIAA Access Nuv Large Cap Res Eq T4	n/a	75,588
*	TIAA-CREF	TIAA Access Nuv RIEstSECSel T4	n/a	71,294
*	TIAA-CREF	TIAA Access Nuv Core Equity T4	n/a	57,223
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2040 T4	n/a	55,253
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2015 T4	n/a	37,761
*	TIAA-CREF	TIAA Access Nuv Core Pl Bd T4	n/a	28,097
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2030 T4	n/a	19,414
*	TIAA-CREF	TIAA Access Nuv Lifecycle Rt Inc T4	n/a	13,332
*	TIAA-CREF	TIAA Access NUV Lifecycle 2010 T4	n/a	5,239
				68,946,397
*	Participant Loans	Interest rates ranging from 4.25% - 9.50% with with various maturity dates through May 2030	-	311,264
				\$ 69,257,661

* Party-in-interest

See independent auditor's report.

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SETON HILL UNIVERSITY 403(B) PLAN

EIN: 25-0965557

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

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*	TIAA-CREF	TIAA Traditional Non-Benefit-Responsive Annuity	n/a	\$ 10,537,141
*	Nuveen	NUVEEN S&P 500 Index Retire	n/a	5,271,725
*	Nuveen	Nuveen Lifecycle 2040 Retire	n/a	4,263,922
*	CREF	CREF Stock R2	n/a	3,676,808
*	Nuveen	Nuveen Lifecycle 2035 Retire	n/a	3,621,838
*	Nuveen	Nuveen Lifecycle 2020 Retire	n/a	3,220,835
*	Nuveen	Nuveen Lifecycle 2030 Retire	n/a	2,937,374
*	Nuveen	Nuveen Lifecycle 2045 Retire	n/a	2,816,736
*	Nuveen	Nuveen Lifecycle 2025 Retire	n/a	2,543,125
	American Funds	New Perspective Fund R4	n/a	2,415,452
	Hartford Funds	Hartford International Opportunities R5	n/a	1,755,836
*	Nuveen	Nuveen Lifecycle 2050 Retire	n/a	1,749,352
*	CREF	CREF Growth R2	n/a	1,709,279
*	CREF	CREF Social Choice R2	n/a	1,624,568
	Columbia	Columbia Dividend Income Inst	n/a	1,543,138
*	TIAA-CREF	TIAA Traditional Benefit Responsive	n/a	1,430,030
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*	CREF	CREF Global Equities R2	n/a	1,063,196
*	Nuveen	Nuveen Lifecycle 2055 Retire	n/a	1,031,347
	Alliance Bernstein	AB Large Cap Growth Fund I	n/a	1,016,761
	Vanguard	REIT Index Admiral	n/a	940,272
*	Nuveen	Nuveen Lifecycle 2010 Retire	n/a	936,733
*	CREF	CREF Bond Market R2	n/a	900,164
	Subtotal			60,509,100

* Party-in-interest

See independent auditor's report.

SETON HILL UNIVERSITY 403(B) PLAN

EIN: 25-0965557

PLAN NUMBER: 002

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

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance forward			\$ 60,509,100
*	CREF	CREF Equity Index R2	n/a	797,290
	Victory	Victory SYC Establish Value I	n/a	789,723
	Janus Henderson	Janus Enterprise Fund Class T	n/a	767,137
	Lord Abbett	Short Duration Income Fund R5	n/a	638,555
*	CREF	CREF Money Market R2	n/a	563,239
*	TIAA-CREF	TIAA Real Estate	n/a	441,433
*	TIAA-CREF	TIAA Stable Value	n/a	426,254
*	CREF	CREF Inflation-Linked Bond R2	n/a	401,686
*	Nuveen	Nuveen Lifecycle 2060 Retire	n/a	366,986
*	TIAA-CREF	TIAA Access Nuv Large-Cap Value T4	n/a	322,465
*	Nuveen	Nuveen Lifecycle 2015 Retire	n/a	319,512
	Prudential	PGIM High Yield Fund Z	n/a	313,547
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2035 T4	n/a	303,128
*	TIAA-CREF	TIAA Access Nuv International Equity T4	n/a	291,407
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2050 T4	n/a	248,518
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*	TIAA-CREF	TIAA Access Nuv Mid-Cap Value T4	n/a	144,580
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2025 T4	n/a	122,943
*	TIAA-CREF	TIAA Access Nuv Equity Index T4	n/a	116,595
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*	TIAA-CREF	TIAA Access Nuv Sm Cp Bl IX T4	n/a	93,557
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2045 T4	n/a	88,196
*	Nuveen	Nuveen Lifecycle 2065 Retire	n/a	87,325
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2020 T4	n/a	84,608
*	TIAA-CREF	TIAA Access Nuv Mid Cap Growth 14	n/a	84,364
	Subtotal			68,583,196

* Party-in-interest

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SETON HILL UNIVERSITY 403(B) PLAN

EIN: 25-0965557

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

(Continued)

	(b)	(c)		(e)
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	Current Value
	Balance forward			\$ 68,583,196
*	TIAA-CREF	TIAA Access Nuv Large Cap Res Eq T4	n/a	75,588
*	TIAA-CREF	TIAA Access Nuv RIEstSECSel T4	n/a	71,294
*	TIAA-CREF	TIAA Access Nuv Core Equity T4	n/a	57,223
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2040 T4	n/a	55,253
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2015 T4	n/a	37,761
*	TIAA-CREF	TIAA Access Nuv Core Pl Bd T4	n/a	28,097
*	TIAA-CREF	TIAA Access Nuv Lifecycle 2030 T4	n/a	19,414
*	TIAA-CREF	TIAA Access Nuv Lifecycle Rt Inc T4	n/a	13,332
*	TIAA-CREF	TIAA Access NUV Lifecycle 2010 T4	n/a	5,239
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*	Participant Loans	Interest rates ranging from 4.25% - 9.50% with with various maturity dates through May 2030	-	311,264
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* Party-in-interest

See independent auditor's report.