

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 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/09/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) 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) UNIVERSITY OF MOUNT SAINT VINCENT 6301 RIVERDALE AVE. BRONX, NY 10471
2b	Employer Identification Number (EIN) 13-1740445
2c	Plan Sponsor's telephone number 718-405-3212
2d	Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2026	ABED ELKESHK
	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	5 609
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) 326 6a(2) 371 6b 0 6c 367 6d 738 6e 3 6f 741 6g(1) 570 6g(2) 610 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 Characteristic Codes in the instructions:

2L 2F 2G 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 2025 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	407680	383	01/01/2025	12/31/2025

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	14434694
5 Current value of plan's interest under this contract in separate accounts at year end	5	28317707

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	14694613
--	-----------	----------

c Additions: (1) Contributions deposited during the year	7c(1)	117019	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	615183	
(4) Transferred from separate account	7c(4)	673921	
(5) Other (specify below)	7c(5)	3979	

▶ PLAN SERVICING CREDIT, PART. LOAN INTEREST, PART. LOAN PRINCIPAL REPAYMENT

(6) Total additions	7c(6)	1410102
---------------------------	--------------	---------

d Total of balance and additions (add lines 7b and 7c(6))	7d	16104715
---	-----------	----------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1098723	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	569418	
(4) Other (specify below)	7e(4)	1880	

▶ FEES

(5) Total deductions	7e(5)	1670021
----------------------------	--------------	---------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	14434694
---	-----------	----------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	057240-H	97	01/01/2025	12/31/2025

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	961112
5 Current value of plan's interest under this contract in separate accounts at year end	5	8738120

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	1004423
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	71173	
	7c(2)		
	7c(3)	28554	
	7c(4)	50586	
	7c(5)	100	

▶ OTHER RECEIPTS

(6) Total additions	7c(6)	150413
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	1154836
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	115921	
	7e(2)	379	
	7e(3)	77374	
	7e(4)	50	

▶ OTHER DISBURSEMENTS

(5) Total deductions	7e(5)	193724
----------------------------	--------------	--------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	961112
---	-----------	--------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN CENTURY INVESTMENTS	P.O. BOX 419200 4500 MAIN STREET KANSAS CITY, MO 64141
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS	333 SOUTH HOPE STREET LOS ANGELES, CA 90071
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CALVERT RESEARCH AND MANAGEMENT	1825 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON, DC 20009
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DELAWARE FUNDS BY MACQUARIE	PO BOX 9876 PROVIDENCE, RI 02940

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

DWS 210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS 82 DEVONSHIRE STREET
BOSTON, MA 02109

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

GOLDMAN SACHS 200 WEST STREET
NEW YORK, NY 10282

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

INVESCO 11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

MFS 111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

MUTUAL OF AMERICA 320 PARK AVE
NEW YORK, NY 10022

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

NEUBERGER BERMAN 1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

PIMCO 840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

NUVEEN-TC

13-1624203

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

TIAA-CREF INVESTMENT MANAGEMENT,LLC

13-3586142

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

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

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

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

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

CAPFINANCIAL PARTNERS, LLC

PO BOX 600071
RALEIGH, NC 27675-6071

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	45000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA-TEACHERS INSURANCE & ANNUITY

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 37 64	NONE	35984	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MUTUAL OF AMERICA LIFE INSURANCE CO

PO BOX 182572
COLUMBUS, OH 43218-2572

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 50 37 65	NONE	1061	Yes ☒ No ☐	Yes ☒ No ☐	0	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 2025 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445	

Part I	Information 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 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) 1692567
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT NO. 2
---	------------------------

b Name of sponsor of entity listed in (a):	MUTUAL OF AMERICA LIFE INSURANCE COMPANY
--	--

c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8738120
-------------------------	-----------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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
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
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
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
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT		D Employer Identification Number (EIN) 13-1740445

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
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)	1298	1412
(2) Participant contributions.....	1b(2)	3744	3630
(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)	216001	311157
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9033809	10430687
(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)	33890943	39522590
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	15699036	15395805
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	58844831	65665281

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	58844831	65665281
--	-----------	----------	----------

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)	1119981	
(B) Participants	2a(1)(B)	1702449	
(C) Others (including rollovers)	2a(1)(C)	60656	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2883086
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)	20250	
(F) Other	2b(1)(F)	644707	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		664957
(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)	488863	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		488863
(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)		0
(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)		0

		(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)		1163635
(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)		5525033
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10725574

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3459770	
(2) To insurance carriers for the provision of benefits	2e(2)	347167	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3806937
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		16142
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	35984	
(3) Recordkeeping fees	2i(3)	1061	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	45000	
(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)		82045
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3905124

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6820450
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EISNERAMPER LLP

(2) EIN: 87-1363769

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	5556
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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MOUNT SAINT VINCENT		D Employer Identification Number (EIN) 13-1740445
Part I	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 13-1614399		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 24
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) 2025 v. 250312		

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 <u>08 / 07 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500954A</u> .	

UNIVERSITY OF MOUNT SAINT VINCENT
DEFINED CONTRIBUTION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025 and 2024
(with supplemental information)

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 4
Financial Statements	
Statements of net assets available for benefits as of December 31, 2025 and 2024	5
Statement of changes in net assets available for benefits for the year ended December 31, 2025	6
Notes to financial statements	7 - 16
Supplemental Information	
Schedule of assets (held at end of year) as of December 31, 2025	17 - 20
Schedule of delinquent participant contributions for the year ended December 31, 2025	21

INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the financial statements of the University of Mount Saint Vincent Defined Contribution Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and of delinquent participant contributions for the year ended December 31, 2025 are presented for purposes of additional analysis and are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



In our opinion:

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

EisnerAmper LLP

EISNERAMPER LLP
Iselin, New Jersey
September 18, 2026

EISNERAMPER
LLP



UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2025	2024
ASSETS		
Investments at fair value	\$ 49,953,276	\$ 42,924,752
Investments at contract value	15,395,806	15,699,036
Total	65,349,082	58,623,788
Notes receivable from participants	326,055	217,918
Contributions receivable:		
Participant	3,630	3,744
Employer	1,412	1,298
Total contributions receivable	5,042	5,042
Net assets available for benefits	\$ 65,680,179	\$ 58,846,748

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2025

Additions:

Investment income:	
Net realized/unrealized appreciation in value of investments	\$ 7,080,279
Interest and dividend income	743,119
	<u>7,823,398</u>
Interest income on notes receivable from participants	<u>20,839</u>
Contributions:	
Participants	1,702,450
Employer	1,119,982
Rollovers	60,656
	<u>2,883,088</u>
Total contributions	<u>2,883,088</u>
Total additions	<u>10,727,325</u>
Deductions:	
Benefits paid to participants	(3,811,849)
Administrative expenses	(82,045)
	<u>(3,893,894)</u>
Total deductions	<u>(3,893,894)</u>
Net increase	<u>6,833,431</u>
Net assets available for benefits – beginning of year	<u>58,846,748</u>
Net assets available for benefits – end of year	<u><u>\$ 65,680,179</u></u>

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE A - DESCRIPTION OF THE PLAN

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

[1] General:

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

[2] Contributions:

Participants may contribute up to 100% of pre-tax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Special code Section 403(b) catch-up contributions are permitted if a participant has 15 years of service ("15 years of service catch-up"). The 15 years of service catch-up enables the limit on elective deferrals to a participant's account to be increased by up to \$3,000 in any year, up to a lifetime employer maximum of \$15,000. In no event may participant pre-tax contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Pursuant to the Plan's provisions, the University's contributions may range from 0% to 10% of compensation at the discretion of the Board of Trustees. To receive a match, a participant must contribute at least 5% of annual compensation to the Plan. For the year ended December 31, 2025, the University provided matching contributions for all eligible participants at a rate of 6% of eligible compensation, as defined. Employees who are expected to normally work less than 20 hours per week while eligible for participant contributions, are excluded from eligibility for matching contributions. Participants direct the investment of participant and employer contributions into various investment options offered by the Plan.

Effective for 2025, participants who attain ages 60 through 63 during the Plan year are eligible to make enhanced catch-up contributions as permitted under the SECURE 2.0 Act, subject to applicable Internal Revenue Service limits. In addition, the Plan implemented operational procedures during 2025 to comply with SECURE 2.0 Roth catch-up contribution requirements applicable to certain participants beginning in 2026. Roth elective deferrals will be permitted under the Plan effective January 1, 2026.

[3] Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the University's contributions, (b) Plan earnings (losses), and may be charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

[4] Vesting:

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

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[5] Loans to participants:

Participants may borrow from TIAA or Mutual of America Life Insurance Company ("MOA") and use a portion of their Plan account balance as collateral for the loan. The collateral is held in the TIAA Traditional Annuity or the MOA Interest Accumulation Account and the required collateral ranges from 110% to 120% of the loan balance. As of December 31, 2025 and 2024, approximately \$68,000 and \$106,000, respectively, of Plan assets were pledged as collateral for such loans made by the insurance companies. Participants may borrow up to a maximum equal to the lesser of \$50,000 or 45% of his or her account balance, subject to annuity contract and Plan provisions. Loan terms range from one to five years in one-year increments, or longer for the purchase of the participant's primary residence, as defined. Principal and interest are paid ratably by the participant to TIAA or MOA and each payment reduces the amount collateralized.

During the year ended December 31, 2025, approximately \$45,949 of Plan assets were distributed from the Plan, included as distributions, representing payout of collateral for defaulted loans of this type, which consists of only employee pre-tax sourced funds.

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

[6] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates on outstanding loan balances ranged from 4.25% to 9.50% at December 31, 2025 and 2024. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when they are incurred.

[7] Payment of benefits:

On termination of service, a participant or beneficiary has the option to receive a lump-sum distribution, periodic withdrawals or annuity, as defined. If a terminated participant's vested account balance is less than \$5,000, the vested account balance will be distributed in a single lump-sum payment without the participant's consent.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

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

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

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[2] Subsequent events:

The Plan has evaluated subsequent events through September 18, 2026, the date the financial statements were available to be issued.

[3] Investment valuation and income recognition:

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

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

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Plan expenses:

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

[6] Use of estimates:

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

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TIAA, CREF, TIAA on behalf of TIAA Trust, N.A., and MOA have certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the statement of changes in net assets available for benefits for the year ended December 31, 2025, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2025.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE D - INVESTMENTS AT CONTRACT VALUE

TIAA

TIAA Traditional Annuity – The TIAA Traditional Annuity is a fixed-rate annuity contract that is fully and unconditionally guaranteed by TIAA. The guarantees and returns of the TIAA Traditional Annuity are backed by TIAA's claims-paying ability. Liquidity restrictions apply to the TIAA Traditional Annuity under certain types of annuity contracts. The TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1st. Additional interest is not guaranteed for future years. Contributions to a participant's account purchase a guaranteed amount of lifetime annuity income. When a participant's account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan. The TIAA Traditional Annuity is fully benefit-responsive and is reported at contract value. Amounts held under the investment contract with TIAA amounted to \$14,434,694 and \$14,694,613 as of December 31, 2025 and 2024, respectively.

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

The traditional investment contracts held by the Plan are a traditional annuity and guaranteed investment contract. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 2%. Effective crediting rate for the year ended December 31, 2025 was 4.2%, including all interest and dividends earned as well as realized and unrealized gains. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

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

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE D - INVESTMENTS AT CONTRACT VALUE (CONTINUED)

Mutual of America

In 2009, the Plan entered into a benefit-responsive guaranteed investment contract with MOA. MOA maintains the contributions in a general account. The contract is reported at contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by MOA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Amounts held under the investment contract with MOA amounted to \$961,112 and \$1,004,423 as of December 31, 2025 and 2024, respectively.

The crediting rate is based on a formula established by the contract issuer and may be subject to change. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date. Effective crediting rate for the year ended December 31, 2025 was 2.9%.

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

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE E - FAIR VALUE MEASUREMENTS

The Financial Accounting Standard Board's ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

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

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

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

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

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Investment Assets at Fair Value as of December 31, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual funds	\$ 12,897,450	\$ -	\$ -	\$ 12,897,450
Investments measured at NAV (A):				
TIAA Real Estate Account (A)(B)	-	-	-	1,692,567
Variable Annuity Contracts (A)(C)	-	-	-	26,625,140
Mutual of America Separate Accounts (A)(D)	-	-	-	8,738,119
Investments at fair value	<u>\$ 12,897,450</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 49,953,276</u>

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Investment Assets at Fair Value as of December 31, 2024

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

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

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value Levels

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

NOTE F - MUTUAL FUND FEES

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

NOTE G - TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations in progress.

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

Certain investments are shares or units of fixed and variable annuities managed by TIAA and CREF, mutual funds offered by TIAA Trust, N.A., and pooled separate accounts and a guaranteed interest account managed by MOA and, therefore, these transactions qualify as party-in-interest transactions. In addition, CapFinancial Partners LLC, d/b/a CapTrust Financial Advisors, provides investment advisory services to the Plan. As a result, fees paid for investment advisory services qualify as party-in-interest transactions. Total fees paid by the Plan to parties-in-interest were \$82,045 for the year ended December 31, 2025.

NOTE I - RISKS AND UNCERTAINTIES

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

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2025 and 2024

NOTE I - RISKS AND UNCERTAINTIES (CONTINUED)

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2025 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE J - PLAN TERMINATION

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

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2025 and 2024 to Form 5500:

	December 31,	
	2025	2024
Net assets available for benefits per the financial statements	\$ 65,680,179	\$ 58,846,748
Less: notes receivable from participant balances deemed distributed for Form 5500 purposes	<u>(14,898)</u>	<u>(1,917)</u>
Net assets available for benefits per Form 5500	<u>\$ 65,665,281</u>	<u>\$ 58,844,831</u>

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2025 to Form 5500:

Total increase in net assets available for benefits per the financial statements	\$ 6,833,431
Less: change in notes receivable from participant balances deemed distributed for Form 5500 purposes	<u>(12,981)</u>
Total increase in net assets available for benefits per Form 5500	<u>\$ 6,820,450</u>

SUPPLEMENTAL INFORMATION

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

December 31, 2025

(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	(e) Current Value
		<u>Fixed Annuity Contract:</u>	
*	TIAA	TIAA Traditional Annuity	\$ 14,434,694
		<u>Variable Annuity Contracts:</u>	
*	CREF	CREF Total Global Stock R1	10,251,064
*	CREF	CREF Money Market R1	662,294
*	CREF	CREF Responsible Balanced R1	2,157,460
*	CREF	CREF Global Equities R1	2,131,606
*	CREF	CREF Growth R1	2,908,505
*	CREF	CREF S&P 500 Index R1	1,491,022
*	CREF	CREF Inflation-Linked Bond R1	571,641
*	TIAA	TIAA Access Nuv Core PI Bd T3	11,425
*	TIAA	TIAA Access Nuv Core Bond T3	35,253
*	TIAA	TIAA Access Nuv Equity Idx T3	4,701
*	TIAA	TIAA Access Nuv Core Equity T3	173,082
*	TIAA	TIAA Access Nuv High Yield T3	263,550
*	TIAA	TIAA Access Nuv Infl Lnk Bd T3	6,888
*	TIAA	TIAA Access Nuv Intl Eq Idx T3	561,568
*	TIAA	TIAA Access Nuv Intl Equity T3	53,903
*	TIAA	TIAA Access Nuv LfCy Rt Inc T3	1,461
*	TIAA	TIAA Access Nuv Lg Cp Gr lx T3	351,707
*	TIAA	TIAA Access Nuv Lrg Cap Gr T3	52,569
*	TIAA	TIAA Access Nuv Lg Cp VI lx T3	347,499
*	TIAA	TIAA Access Nuv Lrg Cap Val T3	217,872
*	TIAA	TIAA Access Nuv LifCyc 2010 T3	126
*	TIAA	TIAA Access Nuv LifCyc 2015 T3	128
*	TIAA	TIAA Access Nuv LifCyc 2020 T3	15,896
*	TIAA	TIAA Access Nuv LifCyc 2025 T3	39,182
*	TIAA	TIAA Access Nuv LifCyc 2030 T3	31,976
*	TIAA	TIAA Access Nuv LifCyc 2035 T3	227,017
*	TIAA	TIAA Access Nuv LifCyc 2040 T3	109,757
*	TIAA	TIAA Access Nuv LifCyc 2045 T3	162,609
*	TIAA	TIAA Access Nuv LifCyc 2050 T3	202,190
*	TIAA	TIAA Access Nuv Qnt MdCpGrw T3	162,846
*	TIAA	TIAA Access Nuv Mid Cap Val T3	105,303
*	TIAA	TIAA Access Nuv Money Mkt T3	86,234

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
Schedule H of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2025

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
		<u>Variable Annuity Contracts: (continued)</u>	
*	TIAA	TIAA Access Nuv RIEstSecSel T3	213,459
*	TIAA	TIAA Access Nuv S&P 500 Idx T3	12,091
*	TIAA	TIAA Access Nuv Short Tm Bd T3	34,058
*	TIAA	TIAA Access Nuv Sm Cp Bl lx T3	51,668
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T3	145,322
*	TIAA	TIAA Access Nuv LgCp Res Eq T3	70,898
*	TIAA	TIAA Access American EurPc Gr T3	112,772
*	TIAA	TIAA Access Americ WaMu Inv T3	191,078
*	TIAA	TIAA Access TRP Inst LgCpGr T3	184,986
*	TIAA	TIAA Access WstAst Cr PI Bd T3	99,129
*	CREF	CREF Core Bond R1	784,629
*	TIAA	TIAA Access Nuv LifCyc 2055 T3	4,431
*	TIAA	TIAA Access Nuv Bond Idx T3	56,927
*	TIAA	TIAA Access Nuv Emer Mkt Eq T3	806
*	TIAA	TIAA Access Nuv Em Mk Eq lx T3	20,305
*	TIAA	TIAA Access DFA Emer Mkt Pt T3	251,915
*	TIAA	TIAA Access Ddg&Cox Intl St T3	29,807
*	TIAA	TIAA Access Vang EmMk St lx T3	78,102
*	TIAA	TIAA Access Vang Explorer T3	166,633
*	TIAA	TIAA Access Vang Intr Tm Tr T3	2,438
*	TIAA	TIAA Access Vang Select Val T3	40,372
*	TIAA	TIAA Access Vang SmCpVal lx T3	307,076
*	TIAA	TIAA Access Vang Wellington T3	367,904
		<u>Mutual Funds:</u>	
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2015 R6	93,451
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2020 R6	307,082
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2025 R6	1,603,751
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2030 R6	1,546,746
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2035 R6	1,517,605
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2040 R6	837,143
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2045 R6	826,040
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2050 R6	1,186,339
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2055 R6	661,346

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
Schedule H of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2025

(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	(e) Current Value
<u>Mutual Funds: (continued)</u>			
*	TIAA Trust, N.A.	Nuveen LfCyc Ix Ret Inc R6	321
*	TIAA Trust, N.A.	Nuveen Money Market R6	246,449
	American Funds	American Funds EUPAC Class R-6	193,737
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm	346,616
*	TIAA Trust, N.A.	Nuveen LfCycle Ix 2060 R6	647,540
	Harbor	Harbor Capital Appreciation Rt	72,260
	MFS	MFS Mid Cap Value Class R6	248,517
	Vanguard	Vanguard Extended Mkt Idx Adm	292,147
	Vanguard	Vanguard 500 Idx Adm	1,161,137
	Vanguard	Vanguard Ttl Intl Stk Idx Adm	490,384
	All spring	Allspring Spec SmallCap Val R6	54,871
	MFS	MFS Value Fund Class R6	88,887
	MFS	MFS Mid Cap Growth Fund R6	34,205
*	TIAA Trust, N.A.	Nuveen LfCycle Ix 2065 R6	192,402
	Principal	Principal Small Cap Grwth I R6	16,474
	Dodge	Dodge & Cox Income Fund - CI X	232,000
<u>Pooled Separate Accounts:</u>			
*	TIAA	TIAA Real Estate	1,692,567
*	Mutual of America	DWS Capital Growth VIP	704,514
*	Mutual of America	Fidelity VIP Equity-Income Portfolio	72,066
*	Mutual of America	Fidelity VIP Contrafund Portfolio	365,890
*	Mutual of America	Goldman Sachs VIT US Equity Insights Fund	417
*	Mutual of America	MoA All America Fund	17,147
*	Mutual of America	MoA Equity Index Fund	1,069,536
*	Mutual of America	Invesco V.I. Main Street Fund	566,514
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio	872,749
*	Mutual of America	Vanguard VIF Diversified Value Portfolio	185,843
*	Mutual of America	American Century Investments VP Capital Appreciation Fund	429,693
*	Mutual of America	Fidelity VIP Mid Cap Portfolio	167,665
*	Mutual of America	MoA Mid Cap Equity Index Fund	363,719
*	Mutual of America	MoA Mid Cap Value Fund	34,711
*	Mutual of America	Glodman Sachs VIT Small Cap Equity Insights Fund	43,613
*	Mutual of America	MoA Small Cap Growth Fund	75,134
*	Mutual of America	MoA Small Cap Equity Index Fund	66,032
*	Mutual of America	MoA Small Cap Value Fund	79,844

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(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	(e) Current Value
<u>Pooled Separate Accounts: (continued)</u>			
*	Mutual of America	MoA Core Bond Fund	32,670
*	Mutual of America	MoA Intermediate Bond Fund	21,188
*	Mutual of America	PIMCO VIT Real Return Portfolio	576
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio	22,098
*	Mutual of America	MoA US Government Money Market Fund	1,157
*	Mutual of America	American Funds Insurance Series New World Fund	19,161
*	Mutual of America	MoA International Fund	49,048
*	Mutual of America	Vanguard VIF International Portfolio	514,325
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio	67,543
*	Mutual of America	Calvert VP SRI Balanced Portfolio	47,272
*	Mutual of America	Fidelity VIP Asset Manager Portfolio	75,726
*	Mutual of America	MoA Aggressive Allocation Fund	254,028
*	Mutual of America	MoA Balanced Fund	149,955
*	Mutual of America	MoA Conservative Allocation Fund	42,556
*	Mutual of America	MoA Moderate Allocation Fund	499,387
*	Mutual of America	MoA Retirement Income Fund	70,778
*	Mutual of America	MoA Clear Passage 2020 Fund	393,059
*	Mutual of America	MoA Clear Passage 2025 Fund	39,971
*	Mutual of America	MoA Clear Passage 2030 Fund	135,758
*	Mutual of America	MoA Clear Passage 2035 Fund	742,998
*	Mutual of America	MoA Clear Passage 2040 Fund	57,996
*	Mutual of America	MoA Clear Passage 2045 Fund	143,800
*	Mutual of America	MoA Clear Passage 2050 Fund	117,881
*	Mutual of America	MoA Clear Passage 2055 Fund	30,038
*	Mutual of America	MoA Clear Passage 2060 Fund	83,715
*	Mutual of America	MoA Clear Passage 2065 Fund	10,348
<u>Guaranteed Interest Account:</u>			
*	Mutual of America	Mutual of America Interest Accumulation Account	961,112
*	Participant loans	Interest rates range from 4.25% to 9.50% with maturities through June 2035	311,157
			<u>\$ 65,660,239</u>

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

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 2025 Form 5500 - Schedule H, Part IV, Line 4a
 Schedule of Delinquent Participant Contributions
 Year Ended December 31, 2025

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan *	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here If Late Participant Loan Repayments are Included ✓				
\$5,352*		\$5,352*		
\$204**		\$204**		

* Contributions originating during the year ended December 31, 2024 totaling \$5,352 were fully corrected during the year ended December 31, 2025. Of this amount, \$3,760 of participant contributions were remitted during 2024 and the remaining \$1,592 was remitted during 2025. In addition, lost earnings of \$427 related to the late remittances were deposited to the Plan during 2025, resulting in total corrective contributions of \$2,019 remitted during 2025.

** Contributions originating during the year ended December 31, 2025 totaling \$204 were fully corrected and remitted to the Plan during the year ended December 31, 2025.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

2025 Form 5500 - Schedule H, Part IV, Line 4a

Schedule of Delinquent Participant Contributions

Year Ended December 31, 2025

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan *	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here If Late Participant Loan Repayments are Included ✓				
\$5,352*		\$5,352*		
\$204**		\$204**		

* Contributions originating during the year ended December 31, 2024 totaling \$5,352 were fully corrected during the year ended December 31, 2025. Of this amount, \$3,760 of participant contributions were remitted during 2024 and the remaining \$1,592 was remitted during 2025. In addition, lost earnings of \$427 related to the late remittances were deposited to the Plan during 2025, resulting in total corrective contributions of \$2,019 remitted during 2025.

** Contributions originating during the year ended December 31, 2025 totaling \$204 were fully corrected and remitted to the Plan during the year ended December 31, 2025.

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

December 31, 2025

(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	(e) Current Value
		<u>Fixed Annuity Contract:</u>	
*	TIAA	TIAA Traditional Annuity	\$ 14,434,694
		<u>Variable Annuity Contracts:</u>	
*	CREF	CREF Total Global Stock R1	10,251,064
*	CREF	CREF Money Market R1	662,294
*	CREF	CREF Responsible Balanced R1	2,157,460
*	CREF	CREF Global Equities R1	2,131,606
*	CREF	CREF Growth R1	2,908,505
*	CREF	CREF S&P 500 Index R1	1,491,022
*	CREF	CREF Inflation-Linked Bond R1	571,641
*	TIAA	TIAA Access Nuv Core PI Bd T3	11,425
*	TIAA	TIAA Access Nuv Core Bond T3	35,253
*	TIAA	TIAA Access Nuv Equity Idx T3	4,701
*	TIAA	TIAA Access Nuv Core Equity T3	173,082
*	TIAA	TIAA Access Nuv High Yield T3	263,550
*	TIAA	TIAA Access Nuv Infl Lnk Bd T3	6,888
*	TIAA	TIAA Access Nuv Intl Eq Idx T3	561,568
*	TIAA	TIAA Access Nuv Intl Equity T3	53,903
*	TIAA	TIAA Access Nuv LfCy Rt Inc T3	1,461
*	TIAA	TIAA Access Nuv Lg Cp Gr lx T3	351,707
*	TIAA	TIAA Access Nuv Lrg Cap Gr T3	52,569
*	TIAA	TIAA Access Nuv Lg Cp VI lx T3	347,499
*	TIAA	TIAA Access Nuv Lrg Cap Val T3	217,872
*	TIAA	TIAA Access Nuv LifCyc 2010 T3	126
*	TIAA	TIAA Access Nuv LifCyc 2015 T3	128
*	TIAA	TIAA Access Nuv LifCyc 2020 T3	15,896
*	TIAA	TIAA Access Nuv LifCyc 2025 T3	39,182
*	TIAA	TIAA Access Nuv LifCyc 2030 T3	31,976
*	TIAA	TIAA Access Nuv LifCyc 2035 T3	227,017
*	TIAA	TIAA Access Nuv LifCyc 2040 T3	109,757
*	TIAA	TIAA Access Nuv LifCyc 2045 T3	162,609
*	TIAA	TIAA Access Nuv LifCyc 2050 T3	202,190
*	TIAA	TIAA Access Nuv Qnt MdCpGrw T3	162,846
*	TIAA	TIAA Access Nuv Mid Cap Val T3	105,303
*	TIAA	TIAA Access Nuv Money Mkt T3	86,234

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
Schedule H of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2025

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
		<u>Variable Annuity Contracts: (continued)</u>	
*	TIAA	TIAA Access Nuv RIEstSecSel T3	213,459
*	TIAA	TIAA Access Nuv S&P 500 Idx T3	12,091
*	TIAA	TIAA Access Nuv Short Tm Bd T3	34,058
*	TIAA	TIAA Access Nuv Sm Cp BI lx T3	51,668
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T3	145,322
*	TIAA	TIAA Access Nuv LgCp Res Eq T3	70,898
*	TIAA	TIAA Access American EurPc Gr T3	112,772
*	TIAA	TIAA Access Americ WaMu Inv T3	191,078
*	TIAA	TIAA Access TRP Inst LgCpGr T3	184,986
*	TIAA	TIAA Access WstAst Cr PI Bd T3	99,129
*	CREF	CREF Core Bond R1	784,629
*	TIAA	TIAA Access Nuv LifCyc 2055 T3	4,431
*	TIAA	TIAA Access Nuv Bond Idx T3	56,927
*	TIAA	TIAA Access Nuv Emer Mkt Eq T3	806
*	TIAA	TIAA Access Nuv Em Mk Eq lx T3	20,305
*	TIAA	TIAA Access DFA Emer Mkt Pt T3	251,915
*	TIAA	TIAA Access Ddg&Cox Intl St T3	29,807
*	TIAA	TIAA Access Vang EmMk St lx T3	78,102
*	TIAA	TIAA Access Vang Explorer T3	166,633
*	TIAA	TIAA Access Vang Intr Tm Tr T3	2,438
*	TIAA	TIAA Access Vang Select Val T3	40,372
*	TIAA	TIAA Access Vang SmCpVal lx T3	307,076
*	TIAA	TIAA Access Vang Wellington T3	367,904
		<u>Mutual Funds:</u>	
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2015 R6	93,451
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2020 R6	307,082
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2025 R6	1,603,751
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2030 R6	1,546,746
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2035 R6	1,517,605
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2040 R6	837,143
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2045 R6	826,040
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2050 R6	1,186,339
*	TIAA Trust, N.A.	Nuveen LfCycle lx 2055 R6	661,346

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
Schedule H of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2025

(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	(e) Current Value
<u>Mutual Funds: (continued)</u>			
*	TIAA Trust, N.A.	Nuveen LfCyc Ix Ret Inc R6	321
*	TIAA Trust, N.A.	Nuveen Money Market R6	246,449
	American Funds	American Funds EUPAC Class R-6	193,737
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm	346,616
*	TIAA Trust, N.A.	Nuveen LfCycle Ix 2060 R6	647,540
	Harbor	Harbor Capital Appreciation Rt	72,260
	MFS	MFS Mid Cap Value Class R6	248,517
	Vanguard	Vanguard Extended Mkt Idx Adm	292,147
	Vanguard	Vanguard 500 Idx Adm	1,161,137
	Vanguard	Vanguard Ttl Intl Stk Idx Adm	490,384
	All spring	Allspring Spec SmallCap Val R6	54,871
	MFS	MFS Value Fund Class R6	88,887
	MFS	MFS Mid Cap Growth Fund R6	34,205
*	TIAA Trust, N.A.	Nuveen LfCycle Ix 2065 R6	192,402
	Principal	Principal Small Cap Grwth I R6	16,474
	Dodge	Dodge & Cox Income Fund - CI X	232,000
<u>Pooled Separate Accounts:</u>			
*	TIAA	TIAA Real Estate	1,692,567
*	Mutual of America	DWS Capital Growth VIP	704,514
*	Mutual of America	Fidelity VIP Equity-Income Portfolio	72,066
*	Mutual of America	Fidelity VIP Contrafund Portfolio	365,890
*	Mutual of America	Goldman Sachs VIT US Equity Insights Fund	417
*	Mutual of America	MoA All America Fund	17,147
*	Mutual of America	MoA Equity Index Fund	1,069,536
*	Mutual of America	Invesco V.I. Main Street Fund	566,514
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio	872,749
*	Mutual of America	Vanguard VIF Diversified Value Portfolio	185,843
*	Mutual of America	American Century Investments VP Capital Appreciation Fund	429,693
*	Mutual of America	Fidelity VIP Mid Cap Portfolio	167,665
*	Mutual of America	MoA Mid Cap Equity Index Fund	363,719
*	Mutual of America	MoA Mid Cap Value Fund	34,711
*	Mutual of America	Glodman Sachs VIT Small Cap Equity Insights Fund	43,613
*	Mutual of America	MoA Small Cap Growth Fund	75,134
*	Mutual of America	MoA Small Cap Equity Index Fund	66,032
*	Mutual of America	MoA Small Cap Value Fund	79,844

UNIVERSITY OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(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	(e) Current Value
<u>Pooled Separate Accounts: (continued)</u>			
*	Mutual of America	MoA Core Bond Fund	32,670
*	Mutual of America	MoA Intermediate Bond Fund	21,188
*	Mutual of America	PIMCO VIT Real Return Portfolio	576
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio	22,098
*	Mutual of America	MoA US Government Money Market Fund	1,157
*	Mutual of America	American Funds Insurance Series New World Fund	19,161
*	Mutual of America	MoA International Fund	49,048
*	Mutual of America	Vanguard VIF International Portfolio	514,325
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio	67,543
*	Mutual of America	Calvert VP SRI Balanced Portfolio	47,272
*	Mutual of America	Fidelity VIP Asset Manager Portfolio	75,726
*	Mutual of America	MoA Aggressive Allocation Fund	254,028
*	Mutual of America	MoA Balanced Fund	149,955
*	Mutual of America	MoA Conservative Allocation Fund	42,556
*	Mutual of America	MoA Moderate Allocation Fund	499,387
*	Mutual of America	MoA Retirement Income Fund	70,778
*	Mutual of America	MoA Clear Passage 2020 Fund	393,059
*	Mutual of America	MoA Clear Passage 2025 Fund	39,971
*	Mutual of America	MoA Clear Passage 2030 Fund	135,758
*	Mutual of America	MoA Clear Passage 2035 Fund	742,998
*	Mutual of America	MoA Clear Passage 2040 Fund	57,996
*	Mutual of America	MoA Clear Passage 2045 Fund	143,800
*	Mutual of America	MoA Clear Passage 2050 Fund	117,881
*	Mutual of America	MoA Clear Passage 2055 Fund	30,038
*	Mutual of America	MoA Clear Passage 2060 Fund	83,715
*	Mutual of America	MoA Clear Passage 2065 Fund	10,348
<u>Guaranteed Interest Account:</u>			
*	Mutual of America	Mutual of America Interest Accumulation Account	961,112
*	Participant loans	Interest rates range from 4.25% to 9.50% with maturities through June 2035	311,157
			<u>\$ 65,660,239</u>

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