# 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.)
- [X] 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:
- [X] 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
FONTBONNE UNIVERSITY 403 (B) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1981

**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)
FONTBONNE UNIVERSITY

9920 WATSON RD
SUITE 115
ST. LOUIS, MO 63126

**2b** Employer Identification Number (EIN)
43-0694556

**2c** Plan Sponsor's telephone number
314-889-1493

**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. | 10/07/2026 | DAVID MAUGER |
| | **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

PENTEGRA SERVICES, INC.

701 WESTCHESTER AVE, SUITE 320E
WHITE PLAINS, NY 10604

**3b** Administrator's EIN
13-3745616

**3c** Administrator's telephone number
844-367-2848

**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** | 468 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 236 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 125 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 256 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 381 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 382 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 436 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 350 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2L

**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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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
FONTBONNE UNIVERSITY 403 (B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FONTBONNE UNIVERSITY

**D** Employer Identification Number (EIN)
43-0694556

**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 | 500836 | 354 | 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 | 11197911 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 18240134 |

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 | 11397659 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 61956 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 472328 | | |
| | (4) Transferred from separate account | 7c(4) | 678778 | | |
| | (5) Other (specify below) | 7c(5) | 41444 | | |
| | ▶ CREDITS | | | | |
| | (6) Total additions | | | 7c(6) | 1254506 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 12652165 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 1072486 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | 355338 | | |
| | (4) Other (specify below) | 7e(4) | 26430 | | |
| | ▶ FEES | | | | |
| | (5) Total deductions | | | 7e(5) | 1454254 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 11197911 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
FONTBONNE UNIVERSITY 403 (B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FONTBONNE UNIVERSITY

**D** Employer Identification Number (EIN)
43-0694556

## 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).. . . . . [X] Yes [ ] No

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

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

TIAA

13-1624203

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

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

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

PENTEGRA SERVICES, INC

701 WESTCHESTER AVE
STE 320E
WHITE PLAINS, NY 10604-3027

13-3745616

| (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? |
|---|---|---|---|---|---|---|
| 14 | TPA ADMINISTRATOR | 17670 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

RUBIN BROWN LLP

7676 FORSYTH BLVD
SAINT LOUIS, MO 63105-4141

43-0765316

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | AUDITOR | 11000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(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? |
|---|---|---|---|---|---|---|
| 26 27 51 | ADVISOR | 7500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

TIAA

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 19 | RECORDKEEPER | 7457 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

CAP FINANCIAL 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? |
|---|---|---|---|---|---|---|
| 16 | ADVISOR | 7213 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
FONTBONNE UNIVERSITY 403 (B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
FONTBONNE UNIVERSITY

**D** Employer Identification Number (EIN)
43-0694556

## 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 | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-1624203-004 | P | 1486585 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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

**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
FONTBONNE UNIVERSITY 403 (B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FONTBONNE UNIVERSITY

**D** Employer Identification Number (EIN)
43-0694556

## 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) | 0 | 4499 |
| **(2)** Participant contributions | 1b(2) | 66102 | 15240 |
| **(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) | 24168 | 5606 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 1630140 | 1486585 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 25425782 | 23795667 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 11397659 | 11197911 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 38543851 | 36505508 |
| **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 through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 38543851 | 36505508 |

## 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) | 181638 | |
| **(B)** Participants | 2a(1)(B) | 283230 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 23047 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 487915 |
| **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) | 695 | |
| **(F)** Other | 2b(1)(F) | 472328 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 473023 |
| **(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) | 195616 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 195616 |
| **(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)** | | 0 |
| **(7)** Net investment gain (loss) from pooled separate accounts | **2b(7)** | | 60485 |
| **(8)** Net investment gain (loss) from master trust investment accounts | **2b(8)** | | 0 |
| **(9)** Net investment gain (loss) from 103-12 investment entities | **2b(9)** | | 0 |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | **2b(10)** | | 3959261 |
| **c** Other income | **2c** | | 63956 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | **2d** | | 5240256 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | **2e(1)** | 7067955 | |
| **(2)** To insurance carriers for the provision of benefits | **2e(2)** | 161140 | |
| **(3)** Other | **2e(3)** | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | **2e(4)** | | 7229095 |
| **f** Corrective distributions (see instructions) | **2f** | | |
| **g** Certain deemed distributions of participant loans (see instructions) | **2g** | | 0 |
| **h** Interest expense | **2h** | | |
| **i** Administrative expenses: | | | |
| **(1)** Salaries and allowances | **2i(1)** | | |
| **(2)** Contract administrator fees | **2i(2)** | 48228 | |
| **(3)** Recordkeeping fees | **2i(3)** | 0 | |
| **(4)** IQPA audit fees | **2i(4)** | 1276 | |
| **(5)** Investment advisory and investment management fees | **2i(5)** | | |
| **(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)** | | 49504 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | **2j** | | 7278599 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | **2k** | | -2038343 |
| **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)** [X] 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)** [X] 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: RUBIN BROWN LLP **(2)** EIN: 43-0765316

**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.) | **4a** | X | | 91 |
| **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.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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
FONTBONNE UNIVERSITY 403 (B) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FONTBONNE UNIVERSITY

**D** Employer Identification Number (EIN)
43-0694556

## Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 13-1624203

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## 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 05 / 01 / 2015 (MM/DD/YYYY) and the Opinion Letter serial number J500543A .

# *FONTBONNE UNIVERSITY*
# *DEFINED CONTRIBUTION RETIREMENT PLAN*

*FINANCIAL STATEMENTS*

*DECEMBER 31, 2025*

Fontbonne University

Learn more. Be more.®

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

# Independent Auditors' Report

Plan Administrator
Fontbonne University
Defined Contribution Retirement Plan
St. Louis, Missouri

## *Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit*

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

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

RubinBrown LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

### *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. 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 certifications, 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 Matters - Supplemental Schedules Required By ERISA***

The supplemental schedules of assets held at end of year as of December 31, 2025 and 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 are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RubinBrown LLP

October 2, 2026

# FONTBONNE UNIVERSITY
# DEFINED CONTRIBUTION RETIREMENT PLAN
## STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|---|---|---|
| | **2025 (Liquidation Basis)** | 2024 (Ongoing Basis) |
| **Assets** | | |
| **Investments - At Fair Value:** | | |
| Guaranteed investment account | **$ 7,368,248** | $ 7,594,053 |
| Pooled separate account | **1,486,585** | 1,630,140 |
| Variable annuity contracts | **16,943,919** | 16,814,798 |
| Registered investment companies | **6,851,748** | 8,610,984 |
| **Total Investments - At Fair Value** | **32,650,500** | 34,649,975 |
| **Fully Benefit-Responsive Investment Contracts At Contract Value** | **3,829,663** | 3,803,606 |
| **Receivables** | | |
| Notes Receivable From Participants | **5,606** | 24,168 |
| Participant Contributions Receivable | **19,739** | 66,102 |
| Estimated accrued investment income in liquidation | **4,982,644** | — |
| **Total Receivables** | **5,007,989** | 90,270 |
| **Total Assets** | **41,488,152** | 38,543,851 |
| **Liabilities** | | |
| Estimated accrued administrative expenses in liquidation | **49,020** | — |
| **Net Assets Available For Benefits** | **$ 41,439,132** | $ 38,543,851 |

# FONTBONNE UNIVERSITY
# DEFINED CONTRIBUTION RETIREMENT PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | For The Years Ended December 31, | |
|---|---|---|
| | **2025** | 2024 |
| **Additions To Net Assets Attributed To:** | **(Liquidation Basis)** | Ongoing Basis) |
| **Contributions** | | |
| Participant deferrals | **$ 283,230** | $ 552,889 |
| University matching | **181,638** | 335,498 |
| Rollovers | **23,047** | 47,806 |
| **Total Contributions** | **487,915** | 936,193 |
| **Deductions From Net Assets Attributed To:** | | |
| Benefits paid directly to participants | **7,229,095** | 7,413,838 |
| Administrative expenses | **49,504** | 55,436 |
| **Total Deductions** | **7,278,599** | 7,469,274 |
| **Investment Income** | | |
| Net change in fair value of investments | **4,019,746** | 3,484,858 |
| Interest and dividend income | **731,900** | 788,472 |
| **Net Investment Income** | **4,751,646** | 4,273,330 |
| **Interest On Notes Receivable From Participants** | **695** | 1,978 |
| **Net Decrease Before Transfers In** | **(2,038,343)** | (2,257,773) |
| **Transfers To The Plan** | **—** | 2,158 |
| **Net Decrease in Net Assets** | **(2,038,343)** | (2,255,615) |
| **Adjustments To Liquidation Basis** | | |
| Accrued investment income expected to be incurred in liquidation | **4,982,644** | — |
| Accrued administrative expenses expected to be incurred in liquidation | **(49,020)** | — |
| **Net Assets Available For Benefits - Beginning Of Year** | **38,543,851** | 40,799,466 |
| **Net Assets Available For Benefits - End Of Year** | **$ 41,439,132** | $ 38,543,851 |

**NOTES TO FINANCIAL STATEMENTS**
**December 31, 2025 And 2024**

# 1. Description Of The Plan

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

### General

The Plan is a 403(b) defined contribution plan established by Fontbonne University (the University) under the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

In 2025, the University's Board of Trustees approved the termination of the Plan effective December 31, 2025 at which time a plan termination was approved. Participants became 100% vested in their accounts on the termination date, and had the option of taking a distribution of their accounts or moving their balances to other plans. The accounts of any missing, unknown, or unresponsive Plan participants are to be rolled into an Individual Retirement Account established for the Plan participant's benefit, with all Plan assets to be distributed out of the Plan by December 31, 2026.

### Eligibility

Employees are eligible to participate in the Plan upon hire and receive nonelective University contributions. Participation is voluntary. Employees are eligible to receive matching contributions from the University upon reaching age 21.

### Contributions

Participants may defer any percentage or dollar amount of their annual compensation, subject to certain limitations. Additionally, participants age 50 and over may make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Plan also allows participants to make Roth contributions.

Commencing on October 1, 2023, "Dollar-for-Dollar" matching contributions of up to 4.5% were implemented. Matching contribution were increased to 7.0% beginning on July 1, 2024.

### Participant Accounts

Each participant's account is credited with the participant's contributions, University's matching contributions, non-elective contributions, and an allocation of the Plan's earnings. The allocation of earnings is determined by the participant's investment selection based on each participant's account balance, as defined in the Plan Document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

### Notes Receivable From Participants

A participant is allowed to borrow from his or her account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans are secured by the participant's vested account balance and bear interest at a reasonable rate of interest. Loans are for a period not to exceed five years, or not to exceed ten years for the purchase of a primary residence.

### Plan Loans

Participants are also allowed to take loans directly from TIAA and CREF. These loans require collateral of 110% of the outstanding loan balance in case of default. Participant account balances held as collateral for loans at December 31, 2024 amounted to $2,803, and is included in the TIAA Traditional Annuity balance on the statement of net assets available for benefits. Loans considered in default at December 31, 2024 amounted to $2,548. No amounts were held as collateral or in default at December 31, 2025.

### Vesting

Prior to the Plan termination, employee and matching contributions and earnings are fully vested for all employees hired prior to January 1, 2023. Employees hired after this date were subject to a vesting period and were 100% vested after two years of service. Nonelective contributions were 100% vested after two years of service.

### Investment Options

Upon enrollment in the Plan, a participant may direct their contributions and University contributions in a variety of investment options. The investment options consist of a fully benefit-responsive guaranteed investment contract, a guaranteed investment account, a pooled separate account, registered investment companies and variable annuity contracts.

### Payment Of Benefits

Upon retirement, death, disability or other termination of employment, a participant may take a distribution in the form of a lump-sum payment or a series of equal payments over a period of time until fully distributed.

Active participants who experience a qualifying financial hardship may withdraw all or part of their vested account. Hardship withdrawals are approved only if they conform to Plan provisions and established IRC safe harbors.

Active participants are also allowed to take a withdrawal from their rollover account.

### Administrative Expenses

Each participant will pay administrative expenses based on the percentage of assets held in his or her investment accounts. The expenses are netted against earnings and are included in investment income on the statement of changes in net assets available for benefits. Investment management fees and certain other expenses are paid by the Plan. The University pays certain administrative expenses of the Plan.

## 2. Summary Of Significant Accounting Policies

### Basis Of Accounting

Due to the Plan termination, management determined that liquidation of the Plan is imminent and the financial statements for 2025 have been prepared using the liquidation basis of accounting. Under the liquidation basis of accounting, assets are measured at the expected cash proceeds from liquidation and liabilities are measured in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) that otherwise apply to those liabilities. The 2024 financial statements were prepared on the accrual basis of accounting.

### Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

**Investment Valuation And Investment Income Recognition**

The Plan's investments, other than fully-benefit-responsive investment contracts, are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Interest income is recorded as earned on the accrual basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

The net change in fair value of investments in the accompanying statement of changes in net assets available for benefits includes realized gains and unrealized net change in fair value.

Investment contracts held by a defined contribution plan that are fully benefit-responsive are reported at contract value, rather than fair value, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investments in the TIAA Traditional Annuity Retirement Choice Plus Account (RCP), Group Supplemental Retirement Account (GSRA), and Supplemental Retirement Account (SRA) are fully benefit-responsive investment contracts and are reported at contract value in the statement of net assets available for benefits.

Investment contracts held by a defined contribution plan are generally reported at contract value except those contracts that are non-fully benefit-responsive. In that instance, these contracts are required to be reported at fair value. The Plan's investments in the TIAA Traditional Annuity Retirement Choice Account (RC) and Retirement Account (RA) are not fully benefit-responsive investment contracts and are reported at fair value in the statement of net assets available for benefits.

**Notes Receivable From Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Payment Of Benefits**

Benefits are recorded when paid.

## 3. Certified Investment Information

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule of assets held at end of year, that was prepared by or derived from information certified by TIAA and CREF, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from TIAA and CREF that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule of assets held at end of year related to the following assets as of December 31:

| | **2025** | 2024 |
|---|---|---|
| Guaranteed investment account | **$ 7,368,248** | $ 7,594,053 |
| Pooled separate account | **1,486,585** | 1,630,140 |
| Variable annuity contracts | **16,943,919** | 16,814,798 |
| Registered investment companies | **6,851,748** | 8,610,984 |
| Fully benefit-responsive investment contract at contract value | **3,829,663** | 3,803,606 |
| Notes receivable from participants | **5,606** | 24,168 |

TIAA and CREF also certified to the completeness and accuracy related the following investment income and interest income on notes receivable from participants for the years ended December 31:

| | **2025** | 2024 |
|---|---|---|
| Net change in fair value of investments | **$ 4,019,746** | $ 3,484,858 |
| Interest and dividend income | **731,900** | 788,472 |
| Interest on notes receivable from participants | **695** | 1,978 |

**Guaranteed Investment Contracts**

The Plan offers as investment options the TIAA Traditional Annuity. The TIAA Traditional Annuity is offered through a variety of contract types, including: the Retirement Annuity (RA); Retirement Choice Annuity (RC); Retirement Choice Plus Annuity (RCP); Group Supplemental Retirement Annuity (GSRA); and the Supplemental Retirement Annuity (SRA).

The TIAA Traditional Annuity (the Annuity) is a fixed-dollar annuity and investment product offered by TIAA, an insurance company. The Annuity is maintained in the TIAA general account. Contributions to one of the Annuities purchases a contractual or guaranteed amount of future benefits for the participants and are secured by the general assets of TIAA.

**Retirement Annuity And Retirement Choice Annuity**

The RA and RC are not fully benefit-responsive and reported at fair value, which approximates contract value as estimated by TIAA. The RA contains liquidity restrictions where lump-sum withdrawals are permitted within 120 days following termination of employment, are subject to a 2.5% surrender charge, and contain certain limitations on the number of periodic installment payments.

**Group Supplemental Retirement Annuity, Supplemental Retirement Annuity And Retirement Choice Plus Annuity**

The GSRA, SRA, and RCP are fully benefit-responsive and are reported at contract value. The contract value equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less any withdrawals and transfers, if any.

The GSRA and SRA provide a guarantee of principal, a guaranteed minimum rate of interest of 3% and the potential for additional interest, if declared by TIAA. The RCP provides a guarantee of principal, a guaranteed minimum rate of interest between 1% to 3% predetermined annually each March 1, and the potential for additional interest, if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1. Additional interest is not guaranteed for future years. The crediting rate is supported by the investment performance of a large, diversified portfolio, is correlated with the highest quality debt security yields, and is adjusted for contract liquidity.

## 4. Fair Value Measurements

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

The three levels of the fair value hierarchy are described below:

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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.

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

**Guaranteed Investment Account**

Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

**Registered Investment Companies**

Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.

**Variable Annuity Contracts**

Certain variable annuity contracts are valued at the daily closing price as reported by the investment. These variable annuity contracts held by the Plan are open-end registered investment companies that are registered with the Securities and Exchange Commission. These investments are required to publish their daily NAV and to transact at that price. These variable annuity contracts held by the Plan are deemed to be actively traded.

The remainder of the variable annuity contracts are valued at the NAV of units held by the Plan at year end. NAV is used as a practical expedient to estimate fair value. The individual variable annuity contracts are comprised, primarily, of shares of registered investment companies held through subaccounts of a separate account of an insurance company at December 31, 2025 and 2024, respectively. The Plan has concluded that the NAV as adjusted (for mutual fund dividends, mutual fund splits and administrative maintenance charges and other items) and reported by the insurance company approximates fair value of the investments. The investments are redeemable daily at the adjusted NAV under agreements with the insurance company. However, it is possible that the redemption rights may be restricted or eliminated in the future. Due to the nature of the investments, changes in the market conditions, liquidity requirements, and the economic environment may significantly affect the NAV of the variable annuity accounts and, consequently, the fair value of the Plan's investments.

**Pooled Separate Account**

Valued at the NAV of units held by the Plan at year end. The NAV, as provided by TIAA and CREF, is used as a practical expedient to estimate fair value. The account is primarily invested in real estate properties that are valued based on third-party appraisals. Due to the nature of the investment, changes in the market conditions, liquidity requirements, and the economic environment may significantly affect the NAV of the pooled separate account and, consequently, the fair value of the Plan's investments. Participant initiated transfers out of the pooled separate account can be made at any time, but are generally limited to one per calendar quarter. The pooled separate account held by the Plan files an annual report on Form 5500 as a direct filing entity.

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

| | December 31, 2025 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Guaranteed investment account | $ — | $ — | $ 7,368,248 | $ 7,368,248 |
| Registered investment companies | 6,851,748 | — | — | 6,851,748 |
| Variable annuity contracts | 14,219,648 | — | — | 14,219,648 |
| **Total Investments In The Fair Value Hierarchy** | $ 21,071,396 | $ — | $ 7,368,248 | 28,439,644 |
| Investments measured at net asset value (a) | | | | 4,210,856 |
| **Total Assets At Fair Value** | | | | $ 32,650,500 |

| | December 31, 2024 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Guaranteed investment account | $ — | $ — | $ 7,594,053 | $ 7,594,053 |
| Registered investment companies | 8,610,984 | — | — | 8,610,984 |
| Variable annuity contracts | 13,968,152 | — | — | 13,968,152 |
| **Total Investments In The Fair Value Hierarchy** | $ 22,579,136 | $ — | $ 7,594,053 | 30,173,189 |
| Investments measured at net asset value (a) | | | | 4,476,786 |
| **Total Assets At Fair Value** | | | | $ 34,649,975 |

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient to measure fair value have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

## Fair Value Of Investments In Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024:

| Investment Type | Fair Value 2025 | Fair Value 2024 | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|---|
| Pooled separate account | | | | | |
| Real estate account | **$ 1,486,585** | $ 1,630,140 | None | Daily | None |
| Variable annuity contracts | | | | | |
| Equity (1) | **1,374,915** | 1,550,984 | None | Daily | None |
| Balanced (2) | **1,150,483** | 1,111,893 | None | Daily | None |
| Fixed income (3) | **8,503** | 7,844 | None | Daily | None |
| Money market (4) | **190,370** | 175,925 | None | Daily | None |
| | **2,724,271** | 2,846,646 | | | |
| | **$ 4,210,856** | $ 4,476,786 | | | |

(1) This category includes growth, equity, index and global funds. These funds seek a favorable long-term rate of return through capital appreciation and income from a broadly diversified portfolio that consists primarily of foreign and domestic common stocks. In addition, certain fuds seek 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.

(2) This category seeks a favorable long-term rate of return over time through a combination of capital appreciation and income. The funds contained at this category are designed to provide a single diversified portfolio with specific target retirement dates in mind.

(3) This category includes primarily domestic and international bond funds. Seeking a favorable long-term rate of return through income from fixed income securities diversified across industries.

(4) This category seeks a favorable long-term rate of return, primarily through high current income consistent with preserving capital.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2025 and 2024:

| | Guaranteed Investment Account |
|---|---|
| Balance - January 1, 2024 | $ 7,909,885 |
| Interest credited | 351,368 |
| Issuances | 2,086 |
| Repayments and settlements | (669,286) |
| Balance - December 31, 2025 | 7,594,053 |
| Interest credited | 314,744 |
| Issuances | 838 |
| Repayments and settlements | (541,387) |
| Balance - December 31, 2025 | $ 7,368,248 |

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2025 and 2024:

| Instrument | Fair Value 2025 | Fair Value 2024 | Principal Valuation Technique | Unobservable Inputs | Range Of Significant Input Values |
|---|---|---|---|---|---|
| TIAA Traditional Annuity - Non-Fully Benefit-Responsive | $ 7,368,248 | $ 7,594,053 | Discounted cash flow<br>Theoretical transfer (exit value) | Risk-adjusted discount rate applied | 3.55% - 6.75% |

There have been no changes in the valuation methodologies used at December 31, 2025 or 2024.

## 5. Income Tax Status

The Plan Sponsor adopted a 403(b) volume submitter prototype plan provided by the Plan's recordkeeper. The prototype plan received a favorable opinion letter dated August 7, 2017 from the Internal Revenue Service (IRS) that the prototype plan is designed in accordance with the applicable sections of the IRC. The Plan Administrator has determined it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The prototype plan and the Plan have been amended since the date of the opinion letter. However, the Plan Administrator believes the Plan is designed and being operated in compliance with the applicable requirement of the IRC and, therefore, believes the Plan, as amended, is qualified and the related trust is 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 the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

## 6. Plan Termination

The University's Board of Trustees approved a termination of the Plan effective December 31, 2025. On that date, participants became 100% vested in their accounts. Final distribution of Plan assets is expected by December 31, 2026.

## 7. Party In Interest Transactions

The Plan's investments in guaranteed investment contracts, a pooled separate account, and variable annuity contracts are managed by TIAA and CREF, the Plan's investment issuer, and TIAA, FSB. In addition, certain participants have outstanding loans at December 31, 2025 and 2024. The related transactions with TIAA and CREF and its related entities and the outstanding loans qualify as allowable party in interest transactions.

## 8. Risks And Uncertainties

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

## 9. Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

## 10. Reconciliation Of Financial Statements To Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| | **2025** | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | **$ 41,439,132** | $38,543,851 |
| Adjustment for liquidation basis of accounting | **(4,933,624)** | — |
| Net Assets Available For Benefits Per Form 5500 | **$ 36,505,508** | $38,543,851 |

# Supplemental Schedules

# FONTBONNE UNIVERSITY
# DEFINED CONTRIBUTION RETIREMENT PLAN

## E.I.N.: 43-0694556 PLAN NUMBER: 001
## SCHEDULE OF ASSETS HELD AT END OF YEAR
## December 31, 2025

| Investment | Current Value |
|---|---|
| **Guaranteed Investment Account** | |
| TIAA Traditional Annuity* | $ 7,368,248 |
| **Pooled Separate Account** | |
| TIAA Real Estate* | 1,486,585 |
| **Variable Annuity Contracts** | |
| TIAA Access Nuveen Large Cap Value T4* | 245,321 |
| TIAA Access Nuveen Mid Cap Value T4* | 160,267 |
| TIAA Access Nuveen International Equity T4* | 505,659 |
| TIAA Access Nuveen Core Bond Plus T4* | 8,503 |
| TIAA Access Nuveen Core Equity T4* | 40,368 |
| TIAA Access Nuveen Large Cap Growth T4* | 20,595 |
| TIAA Access Nuveen Real Estate Securities Select T4* | 127,000 |
| TIAA Access Nuveen Large Cap Responsible Equity T4* | 26,390 |
| TIAA Access Nuveen Quant Mid Cap Growth T4* | 23,941 |
| TIAA Access Nuveen Small Cap Blend Index T4* | 38,302 |
| TIAA Access Nuveen Quant Small Cap Equity T4* | 186,202 |
| TIAA Access Nuveen Equity Index T4* | 870 |
| TIAA Access Nuveen Lifecycle 2010 T4* | 31,728 |
| TIAA Access Nuveen Lifecycle 2015 T4* | 46,422 |
| TIAA Access Nuveen Lifecycle 2020 T4* | 114,424 |
| TIAA Access Nuveen Lifecycle 2025 T4* | 184,096 |
| TIAA Access Nuveen Lifecycle 2030 T4* | 413,579 |
| TIAA Access Nuveen Lifecycle 2035 T4* | 248 |
| TIAA Access Nuveen Lifecycle 2040 T4* | 85,415 |
| TIAA Access Nuveen Lifecycle 2045 T4* | 258,943 |
| TIAA Access Nuveen Lifecycle 2050 T4* | 15,628 |
| CREF Total Global Stock R1* | 5,330,941 |
| CREF Growth R1* | 2,790,539 |
| CREF Money Market R1* | 383,366 |
| CREF Global Equities R1* | 1,561,960 |
| CREF S&P 500 Index R1* | 1,696,657 |
| CREF Responsible Balanced R1* | 1,072,045 |
| CREF Inflation-Linked Bond R1* | 356,600 |
| Nuveen Money Market R6* | 190,370 |
| CREF Core Bond R1* | 948,506 |
| CREF Total Global Stock R4* | 65,783 |
| CREF Responsible Balanced R4* | 13,251 |
| **Total Variable Annuity Contracts** | 16,943,919 |

# FONTBONNE UNIVERSITY
# DEFINED CONTRIBUTION RETIREMENT PLAN

## E.I.N.: 43-0694556 PLAN NUMBER: 001
## SCHEDULE OF ASSETS HELD AT END OF YEAR *(Continued)*
## December 31, 2025

| Investment | Current Value |
|---|---|
| **Registered Investment Companies** | |
| AF EuroPacific Class R6 | $ 4,317 |
| DFA US Targeted Value Portfolio Institutional | 19,240 |
| Vanguard 500 Index Admiral | 2,025,816 |
| Vanguard Small-Cap Idex Admiral | 1,459,440 |
| Vanguard Ttl Bd Mkt Index Admiral | 356,226 |
| Vanguard Mid-Cap Index Admiral | 1,745 |
| Black Rock MC Growth Equity Portfolio Institutional | 11,079 |
| American Century MidCap Value Fund Class R6 | 48,356 |
| Vanguard Ttl International Stock Index Admiral | 2,417,638 |
| Vanguard Infl Protect Sec Adm | 498,137 |
| JPMorgan Large Cap Growth R6 | 1,006 |
| MFS Mid Cap Value Class R6 | 826 |
| MassMutual Small Cap GR Eq1 | 415 |
| Dodge & Cox Income Fund CI X | 6,166 |
| MFS Value Fund Class R6 | 958 |
| MFS Mid Cap Growth Fund R6 | 383 |
| **Total Registered Investment Companies** | 6,851,748 |
| **Fully Benefit-Responsive Investment Contracts** | |
| TIAA Traditional Benefit Responsive* | 3,829,663 |
| ***Notes Receivable From Participants** | |
| (Interest rates range from 4.25% to 8.75% due through March 2030) | 5,606 |
| **Total** | $ 36,485,769 |

* Indicates allowable party in interest.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

# FONTBONNE UNIVERSITY
# DEFINED CONTRIBUTION RETIREMENT PLAN

## E.I.N.: 43-0694556 PLAN NUMBER: 001
## SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
## For The Year Ended December 31, 2025

| | Total That Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|
| Participant Contributions Transferred Late To The Plan | Contributions Not Corrected | Contribution Corrected Outside Voluntary Fiduciary Correction Program | Contribution Pending Correction In Voluntary Fiduciary Correction Program | Total Fully Corrected Under Voluntary Fiduciary Correction Program |
| $ 91 | $ — | $ 91 | $ — | $ — |

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4a.

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

***FONTBONNE UNIVERSITY***

**Activity for the Reporting Period: 01/01/2025 to 12/31/2025**

| (A) | (B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (C) DESCRIPTION OF INVESTMENT | (D) COST | (E) CURRENT VALUE |
|---|---|---|---|---|
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Benefit Responsive | $1,701,767.28 | $2,353,724.41 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Non Benefit Responsive | $6,279,082.93 | $6,691,251.77 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Benefit Responsive 2 | $1,352,987.18 | $1,475,939.43 |
| * | College Retirement Equities Fund variable annuities | TIAA Traditional Non Benefit Responsive 2 | $539,572.61 | $676,995.59 |
| * | College Retirement Equities Fund variable annuities | CREF Total Global Stock R1 | $3,428,615.45 | $5,330,941.21 |
| * | College Retirement Equities Fund variable annuities | CREF Money Market R1 | $343,737.37 | $383,366.39 |
| * | College Retirement Equities Fund variable annuities | CREF Responsible Balanced R1 | $789,902.22 | $1,072,044.97 |
| * | College Retirement Equities Fund variable annuities | CREF Global Equities R1 | $933,954.29 | $1,561,960.23 |
| * | College Retirement Equities Fund variable annuities | CREF Growth R1 | $1,528,922.67 | $2,790,539.27 |
| * | College Retirement Equities Fund variable annuities | CREF S&P 500 Index R1 | $1,090,032.78 | $1,696,657.14 |
| * | College Retirement Equities Fund variable annuities | CREF Inflation-Linked Bond R1 | $311,420.49 | $356,600.04 |
| * | College Retirement Equities Fund variable annuities | TIAA Real Estate | $1,461,993.98 | $1,486,585.31 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Core Pl Bd T4 | $7,506.27 | $8,503.30 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Equity Idx T4 | $584.42 | $869.86 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Core Equity T4 | $35,382.25 | $40,368.40 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Intl Equity T4 | $358,799.63 | $505,658.58 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LfCy Rt Inc T4 | $0.37 | $0.45 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Lrg Cap Gr T4 | $10,945.61 | $20,595.08 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Lrg Cap Val T4 | $178,493.08 | $245,320.63 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2010 T4 | $26,093.18 | $31,727.67 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2015 T4 | $24,741.78 | $46,422.05 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2020 T4 | $56,536.02 | $114,423.61 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2025 T4 | $127,422.40 | $184,096.01 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2030 T4 | $306,624.93 | $413,578.93 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2035 T4 | $189.00 | $247.85 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2040 T4 | $60,898.15 | $85,414.50 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2045 T4 | $157,296.23 | $258,942.71 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LifCyc 2050 T4 | $10,509.87 | $15,627.69 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Qnt MdCpGrw T4 | $19,205.49 | $23,941.35 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Mid Cap Val T4 | $125,351.16 | $160,267.17 |

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

**Activity for the Reporting Period: 01/01/2025 to 12/31/2025**

| (A) | (B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | (C) DESCRIPTION OF INVESTMENT | (D) COST | (E) CURRENT VALUE |
|---|---|---|---|---|
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv RlEstSecSel T4 | $110,631.61 | $127,000.26 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Sm Cp Bl Ix T4 | $28,385.02 | $38,301.79 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv Qt Sm Cp Eq T4 | $142,145.17 | $186,201.70 |
| * | College Retirement Equities Fund variable annuities | TIAA Access Nuv LgCp Res Eq T4 | $18,915.43 | $26,389.64 |
| | College Retirement Equities Fund variable annuities | LOAN FUND | $5,605.72 | $5,605.72 |
| * | College Retirement Equities Fund variable annuities | CREF Core Bond R1 | $840,232.78 | $948,505.75 |
| | College Retirement Equities Fund variable annuities | Nuveen Money Market R6 | $190,369.88 | $190,369.88 |
| | College Retirement Equities Fund variable annuities | American Funds EUPAC Class R-6 | $3,991.53 | $4,316.71 |
| | College Retirement Equities Fund variable annuities | DFA US Targeted Val Port Inst | $15,937.00 | $19,239.97 |
| | College Retirement Equities Fund variable annuities | Vanguard 500 Idx Adm | $1,469,364.32 | $2,025,815.69 |
| | College Retirement Equities Fund variable annuities | Vanguard Infl Protect Sec Adm | $506,764.29 | $498,137.41 |
| | College Retirement Equities Fund variable annuities | Vanguard Small-Cap Idx Adm | $1,245,306.13 | $1,459,439.76 |
| | College Retirement Equities Fund variable annuities | Vanguard Ttl Bd Mkt Idx Adm | $351,579.32 | $356,225.88 |
| | College Retirement Equities Fund variable annuities | Vanguard Mid-Cap Idx Adm | $1,480.30 | $1,744.54 |
| | College Retirement Equities Fund variable annuities | Vanguard Ttl Intl Stk Idx Adm | $1,879,438.56 | $2,417,637.75 |
| | College Retirement Equities Fund variable annuities | BlackRock M-C Grw Eq Por Inst | $10,579.02 | $11,078.85 |
| | College Retirement Equities Fund variable annuities | American Cent MdCpVa Fd Cla R6 | $50,431.64 | $48,356.08 |
| | College Retirement Equities Fund variable annuities | MFS Mid Cap Value Class R6 | $901.85 | $826.14 |
| | College Retirement Equities Fund variable annuities | MFS Value Fund Class R6 | $1,003.14 | $957.57 |
| | College Retirement Equities Fund variable annuities | MFS Mid Cap Growth Fund R6 | $441.91 | $383.06 |
| | College Retirement Equities Fund variable annuities | JPMorgan Large Cap Growth R6 | $986.02 | $1,006.13 |
| | College Retirement Equities Fund variable annuities | MassMutual Small Cap Gr Eq I | $452.95 | $415.45 |
| * | College Retirement Equities Fund variable annuities | CREF Total Global Stock R4 | $46,326.43 | $65,783.31 |
| * | College Retirement Equities Fund variable annuities | CREF Responsible Balanced R4 | $10,507.88 | $13,251.12 |
| | College Retirement Equities Fund variable annuities | Dodge & Cox Income Fund - Cl X | $6,048.32 | $6,166.28 |