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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1963

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)
ROBERT MORRIS UNIVERSITY

6001 UNIVERSITY BLVD
MOON TOWNSHIP, PA 15108-2574

2b Employer Identification Number (EIN) 25-1120678

2c Plan Sponsor's telephone number 412-397-6270

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.	10/13/2026	KEITH ROEPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JOSEPH J. PICCIRILLI
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	809
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)**	614
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	614
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	220
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	845
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	849
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)**	614
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)**	624
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	34
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:

2F 2G 2L 2M 2T

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 4
- **(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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1120678

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	150686	365	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
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	(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	15218996
5	Current value of plan's interest under this contract in separate accounts at year end	5	39139446

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	16481648
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	657143		
	(4) Transferred from separate account	7c(4)	1221077		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	1878220
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	18359868
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1813934		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	1278560		
	(4) Other (specify below) ▶ TRANSFERS	7e(4)	48378		
	(5) Total deductions			7e(5)	3140872
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	15218996

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 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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1120678

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	150693	146	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	

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

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

(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	3359077
5	Current value of plan's interest under this contract in separate accounts at year end	5	12031627

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	3862870
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	140774		
	(4) Transferred from separate account	7c(4)	407073		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	547847
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4410717
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	627372		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	424268		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	1051640
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3359077

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 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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1120678

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
VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	47542	47	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	

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	(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	955795
5	Current value of plan's interest under this contract in separate accounts at year end	5	6250906

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	960433
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	21022		
	(4) Transferred from separate account	7c(4)	8578		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	29600
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	990033
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	32075		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ CONTRACT SURRENDER CHARGES	7e(4)	2163		
	(5) Total deductions			7e(5)	34238
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	955795

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 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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1120678

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
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	TA069497	624	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	6302761
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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.	6d	

Specify nature of costs ▶

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	5492393
c	Additions: (1) Contributions deposited during the year	7c(1)	172559		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	180403		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1083417		
	▶ LOAN REPAYMENTS, TRANSFERS, FORFEITURES				
	(6)Total additions			7c(6)	1436379
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	6928772
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	17341		
	(2) Administration charge made by carrier	7e(2)	10235		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	598435		
	▶ TRANSFERS				
	(5) Total deductions			7e(5)	626011
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6302761

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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1120678

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

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

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

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

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORDKEEPER	69307	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

DELOITTE & TOUCHE, LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	42573	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	40000	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)

HENDERSON BROTHERS FINANCIAL PARTNE

99-4573857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLSPRING PO BOX 219967 KANSAS CITY, MD 64121	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED HERMES PO BOX 219318 KANSAS CITY, MO 64121	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY 100 CROSBY PARKWAY COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LEGG MASON PO BOX 33030 ST PETERSBURG, FL 33733	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT 90 HUDSON STREET JERSEY CITY, NJ 07302	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLSPRING PO BOX 219967 KANSAS CITY, MO 64121	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LEGG MASON PO BOX 33030 ST PETERSBURG, FL 33733	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED HERMES PO BOX 219318 KANSAS CITY, MO 64121	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELTIY 100 CROSBY PARKWAY COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT 90 HUDSTON STREET JERSEY CITY, NJ 07302	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1120678

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	TIAA REAL ESTATE		
b Name of sponsor of entity listed in (a):	TIAA-CREF		
c EIN-PN 13-1624203-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2374128
a Name of MTIA, CCT, PSA, or 103-12 IE:	CREF INFLATION-LINKED BOND		
b Name of sponsor of entity listed in (a):	TIAA-CREF		
c EIN-PN 13-1624203-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1046285
a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT A		
b Name of sponsor of entity listed in (a):	VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6250906
a Name of MTIA, CCT, PSA, or 103-12 IE:	CREF STOCK		
b Name of sponsor of entity listed in (a):	TIAA-CREF		
c EIN-PN 13-1624203-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19954344
a Name of MTIA, CCT, PSA, or 103-12 IE:	CREF MONEY MARKET		
b Name of sponsor of entity listed in (a):	TIAA-CREF		
c EIN-PN 13-1624203-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1071587
a Name of MTIA, CCT, PSA, or 103-12 IE:	CREF RESPONSIBLE BALANCED		
b Name of sponsor of entity listed in (a):	TIAA-CREF		
c EIN-PN 13-1624203-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1478643
a Name of MTIA, CCT, PSA, or 103-12 IE:	CREF CORE BOND R2 CR		
b Name of sponsor of entity listed in (a):	TIAA-CREF		
c EIN-PN 13-1624203-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2042238

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

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

c EIN-PN 13-1624203-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4823950

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

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

c EIN-PN 13-1624203-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9892176

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

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

c EIN-PN 13-1624203-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8487722

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

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b Name of plan sponsor | **c** EIN-PN

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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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1120678

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	113965	54870
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	478940	443165
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2480891	2374128
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	157681936	181191550
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	26797344	25836629
(15) Other	1c(15)		

		(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	187553076	209900342
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	187553076	209900342

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)	2142790	
(B) Participants	2a(1)(B)	3946103	
(C) Others (including rollovers)	2a(1)(C)	182908	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6271801
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)	25652	
(F) Other	2b(1)(F)	2654	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		28306
(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)	3480150	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3480150
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		8615847
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		14475376
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		32871480
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7914834	
(2) To insurance carriers for the provision of benefits	2e(2)	2441306	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10356140
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	11199	
(3) Recordkeeping fees	2i(3)	155525	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	910	
(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)	440	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		168074
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10524214
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		22347266
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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	
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		2000000
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 ☒ 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
ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1120678

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): 13-3689044 74-1625348

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 | 38

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Robert Morris University Defined Contribution Retirement Plan

Employer Identification Number: 25-1120678
Plan Number: 001

Financial Statements as of and for the Years Ended December 31, 2025 and 2024, Supplemental Schedules as of and for the Year Ended December 31, 2025 and Independent Auditor's Report

ROBERT MORRIS UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

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

Deloitte.

Deloitte & Touche LLP
One PPG Place
Suite 2700
Pittsburgh, PA 15222-5433
USA

Tel:+1 412 338 7200
Fax:+1 412 338 7380
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

To the Audit and Risk Committee of
Robert Morris University

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

We were engaged to perform audits of the financial statements of Robert Morris University Defined Contribution Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

As described in Note 3 to the financial statements, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

As described in Note 3 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. Accounting principles generally accepted in the

United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The effects of these excluded contracts and custodial accounts and the related income and distributions are not reasonably determinable.

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.

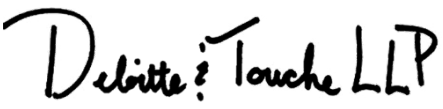
Auditor's Responsibilities for the Audit of the Financial Statements

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

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.



October 13, 2026

ROBERT MORRIS UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments—at fair value—participant-directed investments	$ 202,054,236	$ 180,284,878
Investments—at contract value—participant-directed investments	7,348,071	6,675,293
Noninterest bearing cash	54,870	113,965
Notes receivable from participants	443,165	478,940
Total assets	209,900,342	187,553,076
NET ASSETS AVAILABLE FOR BENEFITS	$ 209,900,342	$ 187,553,076

See notes to financial statements.

ROBERT MORRIS UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Contributions:		
Participant contributions	$ 3,946,103	$ 3,842,065
Rollover contributions	182,908	272,260
Employer matching contributions	2,142,790	2,503,933
Total contributions	6,271,801	6,618,258
Investment Income:		
Interest and dividends	3,482,804	3,243,855
Interest income on notes receivable from participants	25,652	26,828
Net appreciation in fair value of investments	23,091,223	17,933,005
Net investment income	26,599,679	21,203,688
Total additions	32,871,480	27,821,946
DEDUCTIONS		
Benefit payments	7,914,834	9,212,709
Purchase of annuity contracts	2,441,306	1,170,236
Administrative expenses	168,074	539,460
Total deductions:	10,524,214	10,922,405
INCREASE IN NET ASSETS	22,347,266	16,899,541
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	187,553,076	170,653,535
End of year	$ 209,900,342	$ 187,553,076

See notes to financial statements.

ROBERT MORRIS UNIVERSITY
DEFINED CONTRIBUTION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following description of the Robert Morris University Defined Contribution Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan was last amended on December 30, 2025.

General—The Plan is a defined contribution retirement plan covering full-time and regular part-time employees of Robert Morris University (the University). Employees are eligible to contribute to the Plan on the first of the month following their date of hire. Employees are eligible for employer matching contributions if they have reached age 21. The named fiduciaries of the Plan are the University and the University's Vice President for Business Affairs. Asset custodians of the Plan are Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) (TIAA-CREF), VALIC, Fidelity Management Trust Company (Fidelity), and State Street Bank and Trust Company (State Street). The recordkeeper for the plan is Transamerica. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective April 1, 2013, all new salary deferrals and employer matching contributions are made to State Street as trustee. Participants have the option on a voluntary basis to transfer their account balances from TIAA-CREF, Fidelity, or VALIC to State Street.

Effective January 1, 2025, for purposes of Elective Deferrals and Roth Elective Deferrals, employees who work fewer than 20 hours per week, or fewer than 1,000 hours per year, are eligible to contribute employee contributions, without match. Student employees continue to be an ineligible class. Effective January 1, 2025, the plan was amended to allow a discretionary match for staff and Security, Police, Fire Professionals of America (SPFPA) union employees. This amendment allows the University to change the match percentages for these employee groups without continued plan amendments. Subsequently, the University sent notice to all affected employees that effective March 1, 2025, the discretionary match would change until further notice. The match formula is updated to the following: For employees with five or more years of service, the match will be 100% on up to 5% deferred; For employees with less than five years of service, the match will be 100% on up to 3% deferred.

Effective September 1, 2025, changes related to the 403b match calculations for full-time faculty employees were made as follows: (i) for employees hired prior to September 1, 2025, the University will contribute 150% as of September 1, 2025 and September 1, 2026, and 125% as of September 1, 2027 and September 1, 2028, of the first five percent (5%) of an employee's regular salary; and (ii) for employees hired on or after September 1, 2025, the University will contribute 150% as of September 1, 2025 and September 1, 2026, and 125% as of September 1, 2027 and September 1, 2028, of the first three percent (3%) of an employee's regular salary until that employee has reached five years of service, at which point the University will contribute the percentages noted above of the first five percent (5%) of that employee's regular salary.

Effective December 30, 2025, changes related to the 403b non-elective contributions for full-time union employees were made as follows: upon an eligible union faculty member's retirement and the execution of their Separation Agreement and Full and Final Release, the faculty member will receive 60% of the current annual base salary as of September 1, 2025, made in three (3) equal, annual installments commencing o

June 1 of each year beginning in 2026. Prior to this amendment, the plan did not allow for non-elective contributions.

Contributions—Each year, participants may contribute up to the maximum percentage of their annual compensation on a pretax basis, as defined in the Plan, subject to dollar limitations established by the Internal Revenue Code (IRC). The University contributes employer matching contributions based on employee type and years of service.

Pennsylvania State Educators Association (PSEA) Union (Environmental Services Professionals (ESP) Workers) Employees—These employees receive an employer match contribution of 188% of the first 5% of base compensation that a participant contributes to the Plan.

Full-Time Faculty Employees hired before September 1, 2025—These employees receive an employer match contribution of 150% of the first 5% of base compensation that a participant contributes to the Plan.

Full-Time Faculty Employees hired on or after September 1, 2025—These employees receive an employer match contribution of 150% of the first 3% of base compensation that a participant contributes to the Plan.

Staff and SPFPA Union (Campus Police) employees with 5 or More Years of Service—These employees receive an employer match contribution of 100% of the first 5% of base compensation that a participant contributes to the Plan.

Staff and SPFPA Union (Campus Police) Employees with up to 5 Years of Service—These employees receive an employer match contribution of 100% of the first 3% of base compensation that a participant contributes to the Plan.

Participant Accounts—Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, the employer matching contributions, earnings, and charged with withdrawals, an allocation of plan losses and administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments—Participants direct the investment of their contributions and employer matching contributions into various investment options offered by the Plan. The Plan currently offers a guaranteed investment contract (GIC), pooled separate accounts, and mutual funds.

Noninterest Bearing Cash—A portion of the fees paid by participants is held in a noninterest-bearing account. The Plan sponsor uses these funds to pay expenses related to the Plan.

Notes Receivable from Participants—Participants may borrow from their accounts a minimum of $1,000. In no event may the amount of such a loan exceed the lesser of (1) $50,000 reduced by the highest outstanding loan balance incurred by the participant during the 12-month period ending on the day before the date on which the loan was made or (2) 50% of the value of the vested interest in the participant's Plan account that is serviced by Transamerica or Fidelity. The loan may be made from prior after-tax contributions, rollover contributions, or pretax deferral contributions. The loan shall be secured by an equivalent lien on the participant's nonforfeitable interest in the Plan that is serviced by Transamerica or Fidelity at the time of the loan. The loan interest rate is the prime rate, as stated in the Wall Street Journal. The repayment period from the date on which a general loan is made ranges in years depending upon the nature of the loan and if it pertains to the purchase of the participant's primary residence. The amount of such outstanding loans is $443,165 and $478,940 at December 31, 2025 and 2024, respectively. Additionally, as of December 31, 2025 and 2024, there were defaulted loan amounts of $108,410 and $60,797, respectively. As of December 31, 2025, participant loans have maturities through 2033 at interest rates ranging from 3.25% to 8.50%.

Vesting—Employee contributions are 100% vested immediately. Employer matching contributions are 100% immediately vested for all employees hired prior to April 1, 2013, as well as faculty and PSEA (ESP) union employees hired on or after April 1, 2013. A five-year graduated vesting schedule applies to the University employer matching contributions for staff and SPFPA union (campus police) employees hired on or after April 1, 2013. The University employer matching contributions will be 100% vested after the employee reaches five years of service.

Forfeited Accounts—When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. The plan document permits the use of forfeitures to either reduce future employer contributions or pay plan administrative expenses for the plan year. However, if a participant is reemployed and fulfills certain requirements, as defined in the plan document, the account will be reinstated.

If an employee leaves the University prior to being fully vested, the forfeited funds are returned to a forfeiture account that can be used to offset plan expenses or fund future matching contributions.

Plan Loans—Participants may borrow directly from the asset custodians using a portion of the Plan account as security for the loan. Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 45% of their account balance subject to annuity contract and Plan provisions. Loan terms range from one to five years in one-year increments (up to 10 years for the purchase of the participant's primary residence). The loans are secured by the participants' account balances in an amount equal to 110% of the outstanding loan balances. Loans bear interest at a variable rate. Principal and interest are paid ratably by the participant to the asset custodians and each payment will reduce amounts secured by the participant's accounts. The amount of such outstanding loans is $34,038 and $38,585 at December 31, 2025 and 2024, respectively. Once the participant has a distributable event, these amounts will be redeemed by the asset custodians as settlement of defaulted plan loans.

Payment of Benefits—Upon termination, death, or disability, participants or their beneficiaries may request a withdrawal. Participants who are invested in options other than a TIAA Traditional Annuity Contract that are eligible for either a withdrawal or payment of benefits as per the Plan document, can request payment via a rollover to another retirement account, an annuity, or a lump-sum cash payment in the amount of their account balance, less any applicable taxes, penalties, and fees. Liquidity restrictions vary by type of TIAA Traditional Annuity Contract. The TIAA Traditional Annuity Contract is offered as an investment option in both the Retirement Annuities (RA) and Group Supplemental Retirement Annuities (GSRA) contracts. The RA contract does not allow for lump-sum cash withdrawals, and transfers must be spread out in 10 annual installments under the TIAA Traditional Annuity Contract; however, the GSRA contract allows for lump-sum cash withdrawals and transfers.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), except for GAAP departure disclosed in Note 3.

Use of Estimates—The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan provides various investment options to its participants. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the value of the participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition—The TIAA Traditional Annuity Contract is considered a GIC, as it guarantees repayment of principal and a fixed interest rate for a predetermined period. The TIAA Traditional Annuity Contract is offered through a variety of contracts, with the Plan investing in RA, and GSRA. The type of contract through which a participant owns the TIAA Traditional Annuity Contract determines certain account features, such as the guaranteed minimum interest rate, additional amounts paid, the degree of liquidity of the participant's account, and the options for receiving income upon retirement.

There are four characteristics of return that are key to the TIAA Traditional Annuity Contract: 1) guaranteed principal and minimum interest rate, 2) opportunity to receive additional amounts, 3) guaranteed\minimum interest rate and potential for additional amounts during the payout phase, and 4) long-time horizon to enable competitive returns. 1) The TIAA Traditional Annuity Contract guarantees principal and pays a guaranteed minimum interest rate during the accumulation phase. These guarantees of principal and minimum interest rates assure that each participant's accumulation is protected from loss and will always increase in value; 2) additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA board of trustees on a year-by-year basis. When declared, additional amounts remain in effect for the 'declaration year' that begins each March 1 and are not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the "crediting rate" in the accumulation phase of the account; 3) each participant dollar applied to the account purchases a guaranteed amount of lifetime annuity income, paid to participants when they annuitize. As in the accumulation phase, this guaranteed minimum rate may be supplemented by additional amounts declared by the TIAA board of trustees on a year-by-year basis; 4) long-time horizon is provided with liquidity restrictions that apply to the TIAA Traditional Annuity Contract under annuity contracts used to fund primary retirement plans. This is dependent on the type of contract. The RA contracts do not provide for lump-sum withdrawals and due to the decreased liquidity of the contract, it is credited with higher interest rates. The GSRA contracts provide for lump-sum withdrawals and due to this increased liquidity of the contract, it is credited with lower interest rates (see Note 6).

Investments in the TIAA Traditional Annuity Contract are secured by the general assets of TIAA and backed by TIAA's claims-paying ability. Because of the complexity of the vintage system, a Plan's investment in the TIAA Traditional Annuity Contract is unitized for earnings calculations. Because the yields available on bonds and other fixed-income investments tend to change over time, TIAA groups the premium dollars it receives over defined time periods into vintages—typically composed of one or more contiguous calendar months—for the purpose of determining the crediting rate for the applicable declaration year during the accumulation phase. The crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. The net investment earnings rate associated with each vintage reflects both the yields at which premiums are invested and the rates at which subsequent cash flows are reinvested. This approach enables TIAA to distribute excess earnings to participants on a more equitable basis so that each generation will ultimately receive benefit payments that reflect, in part, the prevailing interest-rate environment at the time the crediting rates were applied. For accumulating GSRA and RA contracts, both the crediting rate based on annualized earnings and interest rate credited to participants were 5.00% as of December 31, 2025 and 3.00% as of December 31, 2024. For accumulating RA contracts, both the crediting rate based on annualized earnings and interest rate credited to participants were 5.00% as of December 31, 2025 and 3.65% as of December 31, 2024.

The Plan's allocation in the TIAA Traditional Annuity Contract is stated at fair value, except for the fully benefit-responsive contracts which are reported at contract value, in all plan and participant reporting. The contract value of the fully benefit-responsive contracts of the TIAA Traditional Annuity Contract equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. The fair value of the remaining TIAA Traditional Annuity Contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Regarding the fully benefit-responsive contracts reported at contract value, Plan management believes that the occurrence of

events that would cause the Plan to transact at less than contract value is not probable. The fully benefit-responsive contract issuer may not terminate the contract at any amount less than the contract value.

The TIAA Real Estate Account (REA) is an insurance company separate account of TIAA investing mainly in real estate and real estate-related investments. The REA is valued based on quoted market prices and traded on an active market.

The Plan's CREF investments are insurance company separate accounts of CREF and are based on quoted market prices and traded on an active market.

The Plan's VALIC investments consist of insurance company separate accounts and State Street investments consist of mutual funds. Except for the State Street investment in the Transamerica Guaranteed Investment Option (TGIO) and the Prudential Principal Preservation Separate Account (PPSA), these investments are stated at fair value based on quoted market prices and traded on an active market. The PPSA was replaced with the TGIO during 2024. Both the PPSA and TGIO GIC are considered a fully-benefit responsive GIC, as it guarantees repayment of principal and a fixed interest rate for a predetermined period. TGIO is recorded at contract value in all plan and participant reporting and Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. The TGIO issuer may not terminate the contract at any amount less than the contract value.

The Plan's Fidelity investments are mutual funds stated at fair value based on quoted market prices and traded on an active market.

Purchases and sales of securities are recorded on a trade date basis. Interest income is accrued when earned. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the plan gains and losses on investment bought and sold as well as held during the year.

Administrative Expenses—All investment management and transaction fees directly related to the Plan investments are paid by the Plan. Management fees and operating expenses charged to the Plan for investment vehicles are deducted from income earned on a daily basis and are not separately reflected. The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investment fees to the recordkeeper to offset the Plan's investment management and transaction fees.

Payment of Benefits—Benefit payments to participants are recorded upon distribution. There were no participants who elected to withdraw from the Plan, but had not yet been paid at December 31, 2025 and 2024. If a vested account balance is more than $1,000, a participant may leave money in the Plan, unless otherwise required by the Plan's minimum distribution requirements. If the vested balance is $1,000 or less, it will be paid directly to the participant as a mandatory distribution.

The automatic form of benefit under the Plan is an annuity. The type of annuity is dependent on marital status. If the participant is married with an account balance over $1,000, the account will be paid to the participant in a qualified joint and survivor annuity equal to 50% unless the participant elects to waive the annuity payment within 180 days before the first payment is due to be made. Other options include lump-sum payment, 66 2/3% annuity, 75% annuity, 100% annuity, installment payment, or flexible payment option in an amount elected by the participant from time to time.

Excess Contributions Payable—The Plan is required to return contributions received during the Plan year in excess of the IRC limits. There were no excess contributions for the years ended December 31, 2025 and 2024.

Notes Receivable from Participants—Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

3. GAAP DEPARTURE

GAAP requires inclusion in the Plan's financial statements all assets and liabilities of and activity related to the Plan. However, the Plan's financial statements may not present information regarding certain investments in annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. The University may have excluded those contracts and accounts and related activity from the Plan's financial statements for purposes of the annual reporting requirements of ERISA as permitted by the Department of Labor Field Assistance Bulletin 2009-02, *Annual Reporting Requirement for 403(b) Plans*. The investment income and distributions related to such accounts may have also been excluded in the accompanying statements of changes in net assets available for benefits. GAAP requires that these accounts and related income and distributions be included in the accompanying financial statements. The effects of these excluded contracts and custodial accounts and the related income and distributions on the financial statements are not reasonably determinable.

4. FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820-10, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2025 and 2024.

	Fair Value Measurements at December 31, 2025			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Total**
GIC—TIAA Traditional Annuity	$ -	$ -	$ 17,532,761	$ 17,532,761
TIAA Pooled Separate Accounts	2,374,128	-	-	2,374,128
CREF Pooled Separate Accounts	48,796,945	-	-	48,796,945
VALIC Pooled Separate Accounts	7,206,700	-	-	7,206,700
Fidelity Mutual Funds	7,073,951	-	-	7,073,951
State Street Mutual Funds	119,069,751	-	-	119,069,751
Total	$ 184,521,475	$ -	$ 17,532,761	$ 202,054,236

	Fair Value Measurements at December 31, 2024			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
GIC—TIAA Traditional Annuity	$ -	$ -	$ 19,161,618	$ 19,161,618
TIAA Pooled Separate Accounts	2,480,891	-	-	2,480,891
CREF Pooled Separate Accounts	44,661,003	-	-	44,661,003
VALIC Pooled Separate Accounts	6,679,582	-	-	6,679,582
Fidelity Mutual Funds	6,224,540	-	-	6,224,540
State Street Mutual Funds	101,077,244	-	-	101,077,244
Total	$ 161,123,260	$ -	$ 19,161,618	$ 180,284,878

The following table presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2025 and 2024:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	2025	2024
Balance—beginning of year	$ 19,161,618	$ 19,488,794
Purchases	1,433,386	754,181
Sales	(3,822,703)	(1,944,497)
Earnings	195,637	258,360
Realized gains	738,763	370,510
Unrealized (loss)/gain	(173,940)	234,270
Balance—end of year	$ 17,532,761	$ 19,161,618

Transfers between Levels—The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, transfers are recognized on the actual date of the event or change in circumstances that caused the transfer. There were no transfers in or out of Level 3 during the years ended December 31, 2025 and 2024.

The valuation methods as described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the certified investment information regarding the Plan as of December 31, 2025 and 2024, and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by TIAA-CREF, VALIC, Fidelity, and State Street, the asset custodians of the Plan, and furnished to the Plan administrator. The Plan

administrator has obtained certifications from the asset custodians that such information is complete and accurate.

	2025	2024
Statements of net assets available for benefits:		
Investments—at fair value	$ 202,054,236	$ 180,284,878
Investments—at contract value	7,348,071	6,675,293
Notes receivable from participants	443,165	478,940
	$ 209,845,472	$ 187,439,111
Statements of changes in net assets—investment income:		
Interest and dividends	$ 3,482,804	$ 3,243,855
Interest income on notes receivable from participants	25,652	26,828
Net appreciation in fair value of investments	23,091,223	17,933,005

Supplemental schedule: All investment balances included in the supplemental schedule of assets (held at end of year).
Note 4: All investment balances in Note 4, excluding the level classification of investments.

6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The TIAA Traditional Annuity Contract is guaranteed fixed annuity contract available as an investment option to Plan participants. Each contract is fully and unconditionally guaranteed by TIAA. The TIAA Traditional Annuity Contract is offered through a variety of contract types, including RA and GSRA. The TIAA Traditional Annuity Contract is reported at contract value and is segregated into non-benefit and fully benefit-responsive categories. The contract value of the TIAA Traditional Annuity Contract equals the accumulated cash contributions, interest credited to Plan's contracts, and transfers (if any) less any withdrawals and transfers (if any).

GSRA contracts are fully benefit responsive. When a participant's accumulation in the TIAA Traditional Annuity Contract is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a purchase of annuity contracts in the statements of changes in net assets available for benefits.

Limitations on the Ability of the GIC to Transact at Contract Value—Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following: 1) the Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code, 2) premature termination of the contracts, 3) plan termination or merger, 4) changes to the Plan's prohibition on completing investment options, or 5) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants. TIAA-CREF may not terminate the contract at any amount less than the contract value.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Some Plan investments are managed by State Street, TIAA-CREF, Fidelity, and VALIC. TIAA-CREF, Fidelity, State Street, and VALIC are the asset custodians, as defined by the Plan. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services

were included as a reduction of the return earned on each fund. The Plan also issues loans to participants, which are secured by the vested balances in the participants' accounts. Administrative revenues arise when investment managers return a portion of the investment fees to the recordkeeper to offset the investment management and transaction fees. Any excess resulting from this revenue sharing, if applicable, is returned to the participant account as a plan service. If the administrative revenues collected is less than the negotiated fee owed to the Recordkeeper, the Recordkeeper collects any difference by deducting a plan service fee from the participant account.

8. PLAN TERMINATION

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

9. FEDERAL INCOME TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the IRC and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan uses a prototype plan document sponsored by Transamerica. Transamerica received an opinion letter from the Internal Revenue Service (IRS), dated April 1, 2017, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

10. SUBSEQUENT EVENTS

For the year ended December 31, 2025, subsequent events were evaluated through October 13, 2026, the date the financial statements were available to be issued. There were no subsequent events or transactions, which require adjustment to, or disclosure in, the financial statements.

* * * * * *

SUPPLEMENTAL SCHEDULE

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
*	Teachers Insurance and Annuity Association	TIAA Traditional Annuity - FV	$ 17,532,761
*	Teachers Insurance and Annuity Association	TIAA Traditional Annuity - CV	1,045,310
*	State Street	TA Guaranteed Investment Option	6,302,761
*	The Variable Annuity Life Insurance Company	Fixed Account Plus	680,747
*	The Variable Annuity Life Insurance Company	Short Term Fixed Account	275,046
*	Teachers Insurance and Annuity Association	TIAA Real Estate	2,374,128
*	College Retirement Equities Fund	CREF Stock	19,954,345
*	College Retirement Equities Fund	CREF Money Market	1,071,587
*	College Retirement Equities Fund	CREF Responsible Balanced	1,478,643
*	College Retirement Equities Fund	CREF Global Equities	4,823,950
*	College Retirement Equities Fund	CREF Growth	9,892,176
*	College Retirement Equities Fund	CREF Equity Index	8,487,721
*	College Retirement Equities Fund	CREF Inflation-Linked Bond	1,046,285
*	College Retirement Equities Fund	CREF Core Bond R2 CR	2,042,238
*	The Variable Annuity Life Insurance Company	Ariel Appreciation Fund	143,941
*	The Variable Annuity Life Insurance Company	Ariel Fund	338,469
*	The Variable Annuity Life Insurance Company	Conservative Alloc Lifestyle	7,724
*	The Variable Annuity Life Insurance Company	Core Bond Fund	122,139
*	The Variable Annuity Life Insurance Company	Emerging Economies	89,319
*	The Variable Annuity Life Insurance Company	Global Real Estate Fund	2,969
*	The Variable Annuity Life Insurance Company	Global Strategy	17,454
*	The Variable Annuity Life Insurance Company	Government Securities Fund	2,593
*	The Variable Annuity Life Insurance Company	Growth Fund	447,702
*	The Variable Annuity Life Insurance Company	GS Vit Gov Money Mkt Fd Inst	16,077
*	The Variable Annuity Life Insurance Company	High Yield Bond Fund	261,411
*	The Variable Annuity Life Insurance Company	Inflation Protected Fund	19,021
*	The Variable Annuity Life Insurance Company	International Government Bond	48,004
*	The Variable Annuity Life Insurance Company	International Growth Fund	51,288
*	The Variable Annuity Life Insurance Company	International Equities Index Fund	20,726
*	The Variable Annuity Life Insurance Company	Intl Opportunities	13,822
*	The Variable Annuity Life Insurance Company	International Value Fund	534,659
*	The Variable Annuity Life Insurance Company	Large Capital Growth	180,357
*	The Variable Annuity Life Insurance Company	Loan Collateral Fund	12,627

(Continued)

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
*	The Variable Annuity Life Insurance Company	Loan Escrow Fund	$ 111
*	The Variable Annuity Life Insurance Company	Mid Cap Index Fund	696,407
*	The Variable Annuity Life Insurance Company	Mid Cap Stretegic Gwth	533,539
*	The Variable Annuity Life Insurance Company	Mid-Cap Value Fund	16,662
*	The Variable Annuity Life Insurance Company	Nasdaq-100® Index Fund	388,150
*	The Variable Annuity Life Insurance Company	Science & Technology Fund	331,002
*	The Variable Annuity Life Insurance Company	Small Cap Growth Fund	94,234
*	The Variable Annuity Life Insurance Company	Small Cap Index Fund	294,406
*	The Variable Annuity Life Insurance Company	Small Cap Value Fund	23,064
*	The Variable Annuity Life Insurance Company	Intl Socially Responsible Fund	3,065
*	The Variable Annuity Life Insurance Company	Stock Index Fund	681,336
*	The Variable Annuity Life Insurance Company	Systematic Core Fund	24,800
*	The Variable Annuity Life Insurance Company	Systematic Growth Fund	77,590
*	The Variable Annuity Life Insurance Company	Systematic Value	68,904
*	The Variable Annuity Life Insurance Company	US Socially Responsible Fund	20,298
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth	32,550
*	The Variable Annuity Life Insurance Company	Vanguard Long-Term Treasury	39,225
*	The Variable Annuity Life Insurance Company	Vanguard LT Inv-Grade Fund	62,471
*	The Variable Annuity Life Insurance Company	Vanguard Wellington Fund Inc	94,383
*	The Variable Annuity Life Insurance Company	Vanguard Windsor II	438,408
*	Fidelity Management Trust Company	Fid Puritan	17,795
*	Fidelity Management Trust Company	Fid Sel Tec Hardware	3,124
*	Fidelity Management Trust Company	Fid Sel Semiconduct	39,418
*	Fidelity Management Trust Company	Fid Value Strategies	1,593
*	Fidelity Management Trust Company	Fid GNMA	12,586
*	Fidelity Management Trust Company	Fidelity Magellan	27
*	Fidelity Management Trust Company	Fid Contrafund	341,396
*	Fidelity Management Trust Company	Fid Equity Income	19
*	Fidelity Management Trust Company	Fid Growth Company	59,068
*	Fidelity Management Trust Company	Fid Growth & Income	16,063
*	Fidelity Management Trust Company	Fid Intermed Bond	12,677
*	Fidelity Management Trust Company	Fid Capital & Income	17,981
*	Fidelity Management Trust Company	Fid Value	83,845
*	Fidelity Management Trust Company	Fid Sel Gold	126,225
*	Fidelity Management Trust Company	Fid Sel Biotech	11,365
*	Fidelity Management Trust Company	Fidelity Govt Income	5,133
*	Fidelity Management Trust Company	Fidelity Cash Reserve	661,857

(Continued)

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
*	Fidelity Management Trust Company	Fid Sel Energy	$ 20,788
*	Fidelity Management Trust Company	Fid Sel Healthcare	58,225
*	Fidelity Management Trust Company	Fid Sel Technology	17,692
*	Fidelity Management Trust Company	Fid Sel Utilities	2,943
*	Fidelity Management Trust Company	Fid Sel Defense	13,892
*	Fidelity Management Trust Company	Fid Sel Brokerage	13,762
*	Fidelity Management Trust Company	Fid OTC Portfolio	295,425
*	Fidelity Management Trust Company	Fid Overseas	37,782
*	Fidelity Management Trust Company	Fid Leveraged Co Stk	3,317
*	Fidelity Management Trust Company	Fid Europe	31,861
*	Fidelity Management Trust Company	Fid Pacific Basin	14,390
*	Fidelity Management Trust Company	Fid Real Estate Invs	19,886
*	Fidelity Management Trust Company	Fid Balanced	57,294
*	Fidelity Management Trust Company	Fid Telecom & Util	4,287
*	Fidelity Management Trust Company	Fid Blue Chip Growth	302,484
*	Fidelity Management Trust Company	Fid Asset Mgr 50%	105,200
*	Fidelity Management Trust Company	Fidelity Low Pr Stk	47,091
*	Fidelity Management Trust Company	Fid Equity Div Income II	14,519
*	Fidelity Management Trust Company	Fid Asset Mgr 70%	370,634
*	Fidelity Management Trust Company	Fidelity Emerg Mrkts	2,660
*	Fidelity Management Trust Company	Fid GR Strategies	68,552
*	Fidelity Management Trust Company	Fid Diversified Intl	96,266
*	Fidelity Management Trust Company	Fid New Markets Inc	31,786
*	Fidelity Management Trust Company	Fid Sm Cap Independ	84,547
*	Fidelity Management Trust Company	Fid Southeast Asia	22,532
*	Fidelity Management Trust Company	Fid China Region	87,107
*	Fidelity Management Trust Company	Fid Sel IT Services	6,772
*	Fidelity Management Trust Company	Fid Sel Med Eq & Sys	7,419
*	Fidelity Management Trust Company	Fid US Treasury MM	5,028
*	Fidelity Management Trust Company	Fid High Income	16,264
*	Fidelity Management Trust Company	Fid Sel Multimedia	17,155
*	Fidelity Management Trust Company	Fid Govt Mmkt	16
*	Fidelity Management Trust Company	Fid Sel Natural Res	17,563
*	Fidelity Management Trust Company	Fid Sel Pharmaceutcl	57,160
*	Fidelity Management Trust Company	Fid Large Cap Value	2,288
*	Fidelity Management Trust Company	Fid Mid Cap Value	2,781

(Continued)

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
*	Fidelity Management Trust Company	Fid Float Rt Hi Inc	$ 11,762
*	Fidelity Management Trust Company	Fid Intl Small Cap	2,007
*	Fidelity Management Trust Company	Fid Sel Wireless	3,070
*	Fidelity Management Trust Company	Fid Nasdaq Comp Indx	171,589
*	Fidelity Management Trust Company	Fid Focused High Inc	13,211
*	Fidelity Management Trust Company	Fid Small Cap Growth	81,008
*	Fidelity Management Trust Company	Fid Small Cap Value	3,170
*	Fidelity Management Trust Company	Fid Strat Real Ret	2,489
*	Fidelity Management Trust Company	Fid Intl Value	13,331
*	Fidelity Management Trust Company	Fid Asset Mgr 60%	2,721
*	Fidelity Management Trust Company	Fid US Bond Idx	9,601
*	Fidelity Management Trust Company	Fid 500 Index	449,901
*	Fidelity Management Trust Company	Fid Emrg Mkts Idx	49,407
*	Fidelity Management Trust Company	Fid Total Mkt Idx	434,209
*	Fidelity Management Trust Company	Fid Intl Index	32,929
*	Fidelity Management Trust Company	Fid Gvt Mmrk Prm	606,494
*	Fidelity Management Trust Company	Fid Freedom Inc K	18,373
*	Fidelity Management Trust Company	Fid Freedom 2015 K	272,122
*	Fidelity Management Trust Company	Fid Freedom 2020 K	256,355
*	Fidelity Management Trust Company	Fid Freedom 2025 K	216,173
*	Fidelity Management Trust Company	Fid Freedom 2030 K	46,973
*	Fidelity Management Trust Company	Fid Freedom 2035 K	191,946
*	Fidelity Management Trust Company	Fid Freedom 2040 K	222,024
*	Fidelity Management Trust Company	Fid Freedom 2045 K	83,079
*	Fidelity Management Trust Company	Fid Freedom 2050 K	496,949
*	Fidelity Management Trust Company	Fid Intm Tr Bd Idx	15,518
*	State Street	Ab Large Cap Growth Z	9,039,237
	Allspring	Special Mid Cap Val Inst	2,932,209
*	State Street	American Funds New World R6	2,703,471
	Federated Hermes	High Yield Bond Inst	1,835,115
*	Fidelity	Advisor Total Bond Z	6,464,770
*	Fidelity	International Index	2,799,019
*	Fidelity	Total Market Index	17,564,736

(Continued)

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
	Janus Henderson	Developed World Bond N	$ 850,967
	Lord Abbet	Short Duration Income I	1,953,414
	Mass Mutual	Premier Small Cap Opps I	2,683,347
	Mfs International	Instrinsic Value R6	5,359,837
	Pimco	Real Return Instl	3,418,265
	Pimco	Realpath Blend 2025 Institutional	-
	Pimco	Realpath Blend 2030 Institutional	7,780,497
	Pimco	Realpath Blend 2035 Institutional	6,571,636
	Pimco	Realpath Blend 2040 Institutional	3,946,959
	Pimco	Realpath Blend 2045 Institutional	6,659,656
	Pimco	Realpath Blend 2050 Institutional	3,233,906
	Pimco	Realpath Blend 2055 Institutional	2,245,167
	Pimco	Realpath Blend 2060 Institutional	682,712
	Pimco	Realpath Blend 2065 Institutional	1,196
	Pimco	Realpath Blend 2070 Institutional	99,288
	Pimco	Realpath Blend Income Institutional	11,886,677
	Principal	Midcap S&P 400 Index Instl	4,914,357
	Putnam	Large Cap Value R6	8,111,518
	T Rowe	Price Diversified Mid Cap Growth	2,196,014
	Vanguard	Small Cap Index Adm	3,135,781
	Transamerica	Cash	54,870
	Loans to Participants	Interest rates 3.25%-8.50% maturing through 2033	443,165
			$ 209,900,342

Note: Cost information is not required for particpant-directed investment and, therefore, is not included.
* A party-in-interest as defined by ERISA
See accompanying Independent Auditor's Report

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
*	Teachers Insurance and Annuity Association	TIAA Traditional Annuity - FV	$ 17,532,761
*	Teachers Insurance and Annuity Association	TIAA Traditional Annuity - CV	1,045,310
*	State Street	TA Guaranteed Investment Option	6,302,761
*	The Variable Annuity Life Insurance Company	Fixed Account Plus	680,747
*	The Variable Annuity Life Insurance Company	Short Term Fixed Account	275,046
*	Teachers Insurance and Annuity Association	TIAA Real Estate	2,374,128
*	College Retirement Equities Fund	CREF Stock	19,954,345
*	College Retirement Equities Fund	CREF Money Market	1,071,587
*	College Retirement Equities Fund	CREF Responsible Balanced	1,478,643
*	College Retirement Equities Fund	CREF Global Equities	4,823,950
*	College Retirement Equities Fund	CREF Growth	9,892,176
*	College Retirement Equities Fund	CREF Equity Index	8,487,721
*	College Retirement Equities Fund	CREF Inflation-Linked Bond	1,046,285
*	College Retirement Equities Fund	CREF Core Bond R2 CR	2,042,238
*	The Variable Annuity Life Insurance Company	Ariel Appreciation Fund	143,941
*	The Variable Annuity Life Insurance Company	Ariel Fund	338,469
*	The Variable Annuity Life Insurance Company	Conservative Alloc Lifestyle	7,724
*	The Variable Annuity Life Insurance Company	Core Bond Fund	122,139
*	The Variable Annuity Life Insurance Company	Emerging Economies	89,319
*	The Variable Annuity Life Insurance Company	Global Real Estate Fund	2,969
*	The Variable Annuity Life Insurance Company	Global Strategy	17,454
*	The Variable Annuity Life Insurance Company	Government Securities Fund	2,593
*	The Variable Annuity Life Insurance Company	Growth Fund	447,702
*	The Variable Annuity Life Insurance Company	GS Vit Gov Money Mkt Fd Inst	16,077
*	The Variable Annuity Life Insurance Company	High Yield Bond Fund	261,411
*	The Variable Annuity Life Insurance Company	Inflation Protected Fund	19,021
*	The Variable Annuity Life Insurance Company	International Government Bond	48,004
*	The Variable Annuity Life Insurance Company	International Growth Fund	51,288
*	The Variable Annuity Life Insurance Company	International Equities Index Fund	20,726
*	The Variable Annuity Life Insurance Company	Intl Opportunities	13,822
*	The Variable Annuity Life Insurance Company	International Value Fund	534,659
*	The Variable Annuity Life Insurance Company	Large Capital Growth	180,357
*	The Variable Annuity Life Insurance Company	Loan Collateral Fund	12,627

(Continued)

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
*	The Variable Annuity Life Insurance Company	Loan Escrow Fund	$ 111
*	The Variable Annuity Life Insurance Company	Mid Cap Index Fund	696,407
*	The Variable Annuity Life Insurance Company	Mid Cap Stretegic Gwth	533,539
*	The Variable Annuity Life Insurance Company	Mid-Cap Value Fund	16,662
*	The Variable Annuity Life Insurance Company	Nasdaq-100® Index Fund	388,150
*	The Variable Annuity Life Insurance Company	Science & Technology Fund	331,002
*	The Variable Annuity Life Insurance Company	Small Cap Growth Fund	94,234
*	The Variable Annuity Life Insurance Company	Small Cap Index Fund	294,406
*	The Variable Annuity Life Insurance Company	Small Cap Value Fund	23,064
*	The Variable Annuity Life Insurance Company	Intl Socially Responsible Fund	3,065
*	The Variable Annuity Life Insurance Company	Stock Index Fund	681,336
*	The Variable Annuity Life Insurance Company	Systematic Core Fund	24,800
*	The Variable Annuity Life Insurance Company	Systematic Growth Fund	77,590
*	The Variable Annuity Life Insurance Company	Systematic Value	68,904
*	The Variable Annuity Life Insurance Company	US Socially Responsible Fund	20,298
*	The Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth	32,550
*	The Variable Annuity Life Insurance Company	Vanguard Long-Term Treasury	39,225
*	The Variable Annuity Life Insurance Company	Vanguard LT Inv-Grade Fund	62,471
*	The Variable Annuity Life Insurance Company	Vanguard Wellington Fund Inc	94,383
*	The Variable Annuity Life Insurance Company	Vanguard Windsor II	438,408
*	Fidelity Management Trust Company	Fid Puritan	17,795
*	Fidelity Management Trust Company	Fid Sel Tec Hardware	3,124
*	Fidelity Management Trust Company	Fid Sel Semiconduct	39,418
*	Fidelity Management Trust Company	Fid Value Strategies	1,593
*	Fidelity Management Trust Company	Fid GNMA	12,586
*	Fidelity Management Trust Company	Fidelity Magellan	27
*	Fidelity Management Trust Company	Fid Contrafund	341,396
*	Fidelity Management Trust Company	Fid Equity Income	19
*	Fidelity Management Trust Company	Fid Growth Company	59,068
*	Fidelity Management Trust Company	Fid Growth & Income	16,063
*	Fidelity Management Trust Company	Fid Intermed Bond	12,677
*	Fidelity Management Trust Company	Fid Capital & Income	17,981
*	Fidelity Management Trust Company	Fid Value	83,845
*	Fidelity Management Trust Company	Fid Sel Gold	126,225
*	Fidelity Management Trust Company	Fid Sel Biotech	11,365
*	Fidelity Management Trust Company	Fidelity Govt Income	5,133
*	Fidelity Management Trust Company	Fidelity Cash Reserve	661,857

(Continued)

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
*	Fidelity Management Trust Company	Fid Sel Energy	$ 20,788
*	Fidelity Management Trust Company	Fid Sel Healthcare	58,225
*	Fidelity Management Trust Company	Fid Sel Technology	17,692
*	Fidelity Management Trust Company	Fid Sel Utilities	2,943
*	Fidelity Management Trust Company	Fid Sel Defense	13,892
*	Fidelity Management Trust Company	Fid Sel Brokerage	13,762
*	Fidelity Management Trust Company	Fid OTC Portfolio	295,425
*	Fidelity Management Trust Company	Fid Overseas	37,782
*	Fidelity Management Trust Company	Fid Leveraged Co Stk	3,317
*	Fidelity Management Trust Company	Fid Europe	31,861
*	Fidelity Management Trust Company	Fid Pacific Basin	14,390
*	Fidelity Management Trust Company	Fid Real Estate Invs	19,886
*	Fidelity Management Trust Company	Fid Balanced	57,294
*	Fidelity Management Trust Company	Fid Telecom & Util	4,287
*	Fidelity Management Trust Company	Fid Blue Chip Growth	302,484
*	Fidelity Management Trust Company	Fid Asset Mgr 50%	105,200
*	Fidelity Management Trust Company	Fidelity Low Pr Stk	47,091
*	Fidelity Management Trust Company	Fid Equity Div Income II	14,519
*	Fidelity Management Trust Company	Fid Asset Mgr 70%	370,634
*	Fidelity Management Trust Company	Fidelity Emerg Mrkts	2,660
*	Fidelity Management Trust Company	Fid GR Strategies	68,552
*	Fidelity Management Trust Company	Fid Diversified Intl	96,266
*	Fidelity Management Trust Company	Fid New Markets Inc	31,786
*	Fidelity Management Trust Company	Fid Sm Cap Independ	84,547
*	Fidelity Management Trust Company	Fid Southeast Asia	22,532
*	Fidelity Management Trust Company	Fid China Region	87,107
*	Fidelity Management Trust Company	Fid Sel IT Services	6,772
*	Fidelity Management Trust Company	Fid Sel Med Eq & Sys	7,419
*	Fidelity Management Trust Company	Fid US Treasury MM	5,028
*	Fidelity Management Trust Company	Fid High Income	16,264
*	Fidelity Management Trust Company	Fid Sel Multimedia	17,155
*	Fidelity Management Trust Company	Fid Govt Mmkt	16
*	Fidelity Management Trust Company	Fid Sel Natural Res	17,563
*	Fidelity Management Trust Company	Fid Sel Pharmaceutcl	57,160
*	Fidelity Management Trust Company	Fid Large Cap Value	2,288
*	Fidelity Management Trust Company	Fid Mid Cap Value	2,781

(Continued)

ROBERT MORRIS UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

EMPLOYER ID NO: 25-1120678
PLAN NO: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
*	Fidelity Management Trust Company	Fid Float Rt Hi Inc	$ 11,762
*	Fidelity Management Trust Company	Fid Intl Small Cap	2,007
*	Fidelity Management Trust Company	Fid Sel Wireless	3,070
*	Fidelity Management Trust Company	Fid Nasdaq Comp Indx	171,589
*	Fidelity Management Trust Company	Fid Focused High Inc	13,211
*	Fidelity Management Trust Company	Fid Small Cap Growth	81,008
*	Fidelity Management Trust Company	Fid Small Cap Value	3,170
*	Fidelity Management Trust Company	Fid Strat Real Ret	2,489
*	Fidelity Management Trust Company	Fid Intl Value	13,331
*	Fidelity Management Trust Company	Fid Asset Mgr 60%	2,721
*	Fidelity Management Trust Company	Fid US Bond Idx	9,601
*	Fidelity Management Trust Company	Fid 500 Index	449,901
*	Fidelity Management Trust Company	Fid Emrg Mkts Idx	49,407
*	Fidelity Management Trust Company	Fid Total Mkt Idx	434,209
*	Fidelity Management Trust Company	Fid Intl Index	32,929
*	Fidelity Management Trust Company	Fid Gvt Mmrk Prm	606,494
*	Fidelity Management Trust Company	Fid Freedom Inc K	18,373
*	Fidelity Management Trust Company	Fid Freedom 2015 K	272,122
*	Fidelity Management Trust Company	Fid Freedom 2020 K	256,355
*	Fidelity Management Trust Company	Fid Freedom 2025 K	216,173
*	Fidelity Management Trust Company	Fid Freedom 2030 K	46,973
*	Fidelity Management Trust Company	Fid Freedom 2035 K	191,946
*	Fidelity Management Trust Company	Fid Freedom 2040 K	222,024
*	Fidelity Management Trust Company	Fid Freedom 2045 K	83,079
*	Fidelity Management Trust Company	Fid Freedom 2050 K	496,949
*	Fidelity Management Trust Company	Fid Intm Tr Bd Idx	15,518
*	State Street	Ab Large Cap Growth Z	9,039,237
	Allspring	Special Mid Cap Val Inst	2,932,209
*	State Street	American Funds New World R6	2,703,471
	Federated Hermes	High Yield Bond Inst	1,835,115
*	Fidelity	Advisor Total Bond Z	6,464,770
*	Fidelity	International Index	2,799,019
*	Fidelity	Total Market Index	17,564,736

(Continued)

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EMPLOYER ID NO: 25-1120678
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AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(d) Current Value
	Janus Henderson	Developed World Bond N	$ 850,967
	Lord Abbet	Short Duration Income I	1,953,414
	Mass Mutual	Premier Small Cap Opps I	2,683,347
	Mfs International	Instrinsic Value R6	5,359,837
	Pimco	Real Return Instl	3,418,265
	Pimco	Realpath Blend 2025 Institutional	-
	Pimco	Realpath Blend 2030 Institutional	7,780,497
	Pimco	Realpath Blend 2035 Institutional	6,571,636
	Pimco	Realpath Blend 2040 Institutional	3,946,959
	Pimco	Realpath Blend 2045 Institutional	6,659,656
	Pimco	Realpath Blend 2050 Institutional	3,233,906
	Pimco	Realpath Blend 2055 Institutional	2,245,167
	Pimco	Realpath Blend 2060 Institutional	682,712
	Pimco	Realpath Blend 2065 Institutional	1,196
	Pimco	Realpath Blend 2070 Institutional	99,288
	Pimco	Realpath Blend Income Institutional	11,886,677
	Principal	Midcap S&P 400 Index Instl	4,914,357
	Putnam	Large Cap Value R6	8,111,518
	T Rowe	Price Diversified Mid Cap Growth	2,196,014
	Vanguard	Small Cap Index Adm	3,135,781
	Transamerica	Cash	54,870
	Loans to Participants	Interest rates 3.25%-8.50% maturing through 2033	443,165
			$ 209,900,342

Note: Cost information is not required for particpant-directed investment and, therefore, is not included.
* A party-in-interest as defined by ERISA
See accompanying Independent Auditor's Report