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. . . . . ▶ [X]

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
ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1965

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
ST. JOHN'S UNIVERSITY

8000 UTOPIA PARKWAY
JAMAICA, NY 11439

2b Employer Identification Number (EIN) 11-1630830

2c Plan Sponsor's telephone number 718-990-2941

2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	GRACE ZONTINI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	KEATON WONG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

DIRECTOR OF BENEFITS
ST. JOHN'S UNIVERSITY
8000 UTOPIA PARKWAY
JAMAICA, NY 11439

3b Administrator's EIN
11-1630830

3c Administrator's telephone number
718-990-2941

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	5444
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)**	3104
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3112
b	Retired or separated participants receiving benefits	**6b**	14
c	Other retired or separated participants entitled to future benefits	**6c**	2278
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5404
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	28
f	Total. Add lines **6d** and **6e**.	**6f**	5432
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)**	4205
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)**	4191
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M 2R 2S 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan 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 3
- **(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
ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHN'S UNIVERSITY

D Employer Identification Number (EIN)
11-1630830

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	1095345	33	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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	418426
5	Current value of plan's interest under this contract in separate accounts at year end	5	2356325

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 ▶ GROUP DEFERRED ANNUITIES

b	Balance at the end of the previous year			7b	403812
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	42612		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	42612
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	446424
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	25657		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	2341		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	27998
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	418426

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHN'S UNIVERSITY

D Employer Identification Number (EIN)
11-1630830

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	25955-072	33	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	

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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	251
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. 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 ▶ MGA

b	Balance at the end of the previous year			7b	6898
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	162		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	162
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	7060
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ WITHDRAWAL	7e(4)	6809		
	(5) Total deductions			7e(5)	6809
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	251

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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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
ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHN'S UNIVERSITY

D Employer Identification Number (EIN)
11-1630830

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	101996	2467	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

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	(c) Amount	(d) Purpose	

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	(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	

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	401766899
5	Current value of plan's interest under this contract in separate accounts at year end	5	413016784

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	396610727
c	Additions: (1) Contributions deposited during the year	7c(1)	3627447		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	16571579		
	(4) Transferred from separate account	7c(4)	36559916		
	(5) Other (specify below)	7c(5)	640380		
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS				
	(6)Total additions			7c(6)	57399322
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	454010049
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	24146262		
	(2) Administration charge made by carrier	7e(2)	92343		
	(3) Transferred to separate account	7e(3)	28004545		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	52243150
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	401766899

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHN'S UNIVERSITY

D Employer Identification Number (EIN)
11-1630830

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

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

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

TIAA

13-1624203

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

FIDELITY INV INST OPERATIONS CO INC

04-2647786

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

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

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	155018	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

FIDUCIENT ADVISORS, LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	NONE	83676	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INV INST OPERATIONS CO INC

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 64 65 71	NONE	79679	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27810	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
FIDELITY INV INST OPERATIONS CO INC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H DEV WORLD BOND I - JANUS HENDER 151 DETROIT STREET DENVER, CO 80206	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METLIFE FIXED-OLD 1 FINANCIAL CTR STE 20 BOSTON, MA 02111	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METLIFE FIXED-OLD 200 PARK AVENUE NEW YORK, NY 10166	0.25%

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ST. JOHN'S UNIVERSITY

D Employer Identification Number (EIN)
11-1630830

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	43842715

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHN'S UNIVERSITY

D Employer Identification Number (EIN)
11-1630830

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	597238	564627
(2) Participant contributions	1b(2)	643842	531405
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11709362	14047709
(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)	2934419	2943406
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	43473841	43842715
(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)	992363454	1124938544
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	397021437	402185576
(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	1448743593	1589053982
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	1448743593	1589053982

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)	13671718	
(B) Participants	2a(1)(B)	17409831	
(C) Others (including rollovers)	2a(1)(C)	5783141	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		36864690
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	540748	
(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)	232995	
(F) Other	2b(1)(F)	16614353	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17388096
(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)	29575081	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		29575081
(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)		1698152
(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)		144009226
c Other income	2c		1128091
d Total income. Add all **income** amounts in column (b) and enter total	2d		230663336
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	84144966	
(2) To insurance carriers for the provision of benefits	2e(2)	5785364	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		89930330
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		77083
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2215	
(3) Recordkeeping fees	2i(3)	231833	
(4) IQPA audit fees	2i(4)	27810	
(5) Investment advisory and investment management fees	2i(5)	62290	
(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)	21386	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		345534
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		90352947
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		140310389
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)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		2851924
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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ST. JOHN'S UNIVERSITY

D Employer Identification Number (EIN)
11-1630830

Part I Distributions

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

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

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

EIN(s): 82-2826183 04-2647786

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 115

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_____.

Financial Statements and Report of Independent Certified Public Accountants

St. John's University Defined Contribution Retirement Plan

December 31, 2025 and 2024

Contents

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Supplemental Schedules*	
Schedule H, line 4a - schedule of delinquent participant contributions	18
Schedule H, line 4i - schedule of assets (held at end of year)	19

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

GRANT THORNTON LLP
445 Broadhollow Rd., Suite 300
Melville, NY 11747

D +1 631 249 6001
F +1 631 249 6144

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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

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

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

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

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

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

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

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

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

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

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

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

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

Grant Thornton LLP

Melville, New York
September 25, 2026

St. John's University Defined Contribution Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Investments at fair value, as certified (Notes 3 and 4)		
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	$ 356,185,960	$ 351,167,661
Registered investment companies	1,138,986,253	1,004,072,816
Pooled separate account	43,842,715	43,473,841
Total investments at fair value	1,539,014,928	1,398,714,318
Investments at contract value, as certified (Notes 3 and 5)		
TIAA Traditional Annuity Accounts - Benefit Responsive	45,580,939	45,443,066
MetLife and Fidelity stable value funds	418,677	410,710
Total investments at contract value	45,999,616	45,853,776
Total investments	1,585,014,544	1,444,568,094
Receivables		
Notes receivable from participants, as certified (Notes 1 and 3)	2,943,406	2,934,419
Employer contributions	564,627	597,238
Participants' contributions	531,405	643,842
Total receivables	4,039,438	4,175,499
NET ASSETS AVAILABLE FOR BENEFITS	$1,589,053,982	$1,448,743,593

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

St. John's University Defined Contribution Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2025	2024
Additions to net assets attributable to		
Investment income, as certified (Note 3)		
Net appreciation in fair value of investments	$ 146,866,739	$ 112,735,234
Earned income from TIAA Traditional Annuity Accounts	16,582,928	17,515,853
Interest and dividends	30,115,984	26,044,671
Net investment income	193,565,651	156,295,758
Interest on notes receivable from participants, as certified (Notes 1 and 3)	232,995	203,406
Contributions		
Employer	13,671,718	13,289,759
Participants	17,409,831	17,253,065
Participants rollovers	5,783,141	5,690,085
Total contributions	36,864,690	36,232,909
Total additions	230,663,336	192,732,073
Deductions from net assets attributable to		
Benefits paid	90,007,413	96,450,411
Administrative fees	345,534	334,307
Total deductions	90,352,947	96,784,718
NET INCREASE	140,310,389	95,947,355
Net assets available for benefits, beginning of year	1,448,743,593	1,352,796,238
Net assets available for benefits, end of year	$ 1,589,053,982	$ 1,448,743,593

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

NOTE 1 - DESCRIPTION OF THE PLAN

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

General

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

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

The SECURE 2.0 Act of 2022 includes various provisions affecting retirement plans. The Plan is currently evaluating the impact of applicable provisions and anticipates adopting any required amendments within the applicable IRS remedial amendment period.

Plan Administration

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

Contributions

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

Participants may contribute to the Plan subject to IRC limits, which were up to $23,500 ($31,000 if age 50 or older) and $23,000 ($30,500 if age 50 or older) in 2025 and 2024, respectively. Participants may also contribute amounts representing rollovers from other qualified plans. Eligible employees can voluntarily contribute to the Plan the first of the month following the date of hire or the first of the month if hired on the first of the month. All participants must contribute a minimum of 5% of their base salary to receive the University's contribution. Employees receive a university contribution of 5% on the first of the month following the date the service eligibility is met. After the fifth anniversary of employment, the University contribution increases to 8% of base salary for employees not covered under a collective bargaining agreement and 10% of base salary for employees covered under a collective bargaining agreement. Contributions are subject to certain other IRC limitations.

Participant Accounts

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

Vesting

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

Investment Options

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

- Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA and CREF). TIAA Trust, N.A., a national trust bank, is a directed trustee or custodian of certain investments that are record kept by TIAA.

- Fidelity Management Trust Company (Fidelity).

- Metropolitan Life Insurance Company (MetLife) was a Fund Sponsor prior to January 1, 2013. Effective as of that date, no further Plan contributions may be allocated to any funding vehicle sponsored by MetLife. Plan contributions invested through MetLife prior to January 1, 2013 may be transferred, at the Participant's election, to any funding vehicle offered by a current Fund Sponsor, but such Plan contributions may not be transferred from such a fund vehicle to a funding vehicle sponsored by MetLife.

Payment of Benefits

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

Loans with TIAA and MetLife

Generally, participants may borrow from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 45% of the assets held with TIAA or MetLife, subject to certain restrictions. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within five years. For loans with TIAA and MetLife, adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. Interest rates are variable and can increase or decrease once a year. For loans issued directly by TIAA, the participant's account balance in the TIAA Traditional Annuity Account is used as collateral. For loans issued directly by MetLife, the participant's account balance in the MetLife loan collateral account is used as collateral. Interest and principal are paid by the participant directly to TIAA and MetLife. The loans are not considered assets of the Plan and, therefore, are not reported in the statements of net assets available for benefits. The TIAA loans amounted to approximately $1.2 million and $1.6 million at December 31, 2025 and 2024, respectively. Interest rates on the loans ranged from approximately 4.00% to 7.60% as of December 31, 2025 and 2024, and mature through 2031. Loans with MetLife amounted to approximately $75,000 and $39,000 at December 31, 2025 and 2024, respectively. Interest rates on the

loans ranged from approximately 5.25% to 5.75% and 5.25% to 6.00% as of December 31, 2025 and 2024, respectively, and mature through 2040 and 2028, respectively.

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

Notes Receivable from Participants

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

Participant loans issued by Fidelity are from the participant's account and bear interest at rates that range from approximately 4.25% to 9.50% at December 31, 2025 and 2024. These loans mature through 2034 at December 31, 2025 and 2024. Participant loans issued by Fidelity, except for defaulted loans, are considered assets of the Plan and, therefore, are reported in the statements of net assets available for benefits as notes receivable from participants.

Participant loans issued by TIAA are from the participant's account and bear interest at rates that range from 4.25% to 9.50% at December 31, 2025 and 2024. These loans mature through 2034 at December 31, 2025 and 2024. Participant loans issued by TIAA, except for loans that are deemed distributed, are considered assets of the Plan and, therefore, are reported in the statements of net assets available for benefits as notes receivable from participants.

No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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

Plan Record Management

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of the ERISA of 1974, as amended. Prior to the amended regulations, the Plan (established in 1965) was not viewed as a separate reporting entity. Consistent with higher education industry practices, recordkeeping of the University's plan has been maintained by the aforementioned service providers since inception of the respective individual service contracts and for all years since the Plan's inception. While the service providers provided details of participant accounts to the individual plan participants, they did not provide sufficient records at the Plan level and as a result, Plan management did not have the necessary records when preparing the financial statements (the effect, if any, on the completeness or accuracy of the Plan's financial statements cannot be determined).

Investment Valuation and Income Recognition

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

Benefits Paid

Benefits are recorded when paid.

Expenses

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

Use of Estimates

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

NOTE 3 - INFORMATION CERTIFIED

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, MetLife, and TIAA and CREF have certified as being complete and accurate the investments and notes receivable from participants used to derive such amounts on the statements of net assets available for benefits, the investment income (loss), and interest on notes receivable from participants reflected in the statements of changes in net assets available for benefits, and the information included in the supplemental schedule of the financial statements as of and for the years ended December 31, 2025 and 2024, as applicable. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate for the respective periods.

Assets as certified at December 31, 2025 and 2024 are summarized as follows:

	2025	Certified by		
	Totals	MetLife	Fidelity	TIAA and CREF
Investments at fair value, as certified				
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	$ 356,185,960	$ -	$ -	$ 356,185,960
Registered investment companies	1,138,986,253	2,356,325	247,450,621	889,179,307
Pooled separate account	43,842,715	-	-	43,842,715
Total investments at fair value	1,539,014,928	2,356,325	247,450,621	1,289,207,982
Investments at contract value, as certified				
TIAA Traditional Annuity Accounts - Benefit Responsive	45,580,939	-	-	45,580,939
MetLife and Fidelity stable value funds	418,677	418,426	251	-
Total investments at contract value	45,999,616	418,426	251	45,580,939
Total investments	$ 1,585,014,544	$ 2,774,751	$ 247,450,872	$ 1,334,788,921
Notes receivable from participants, as certified	$ 2,943,406	$ -	$ 814,004	$ 2,129,402

	2024	Certified by		
	Totals	MetLife	Fidelity	TIAA and CREF
Investments at fair value, as certified				
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	$ 351,167,661	$ -	$ -	$ 351,167,661
Registered investment companies	1,004,072,816	2,124,778	212,264,634	789,683,404
Pooled separate account	43,473,841	-	-	43,473,841
Total investments at fair value	1,398,714,318	2,124,778	212,264,634	1,184,324,906
Investments at contract value, as certified				
TIAA Traditional Annuity Accounts - Benefit Responsive	45,443,066	-	-	45,443,066
MetLife and Fidelity stable value funds	410,710	403,812	6,898	-
Total investments at contract value	45,853,776	403,812	6,898	45,443,066
Total investments	$ 1,444,568,094	$ 2,528,590	$ 212,271,532	$ 1,229,767,972
Notes receivable from participants, as certified	$ 2,934,419	$ -	$ 948,799	$ 1,985,620

Investment income as certified for the years ended December 31, 2025 and 2024 is summarized as follows:

	2025	Certified by		
	Totals	MetLife	Fidelity	TIAA and CREF
Net appreciation in fair value of investments	$ 146,866,739	$ 301,199	$ 27,876,814	$ 118,688,726
Earned income from TIAA Traditional Annuity Accounts	16,582,928	-	-	16,582,928
Interest and dividends	30,115,984	-	8,921,591	21,194,393
Total investment income	$ 193,565,651	$ 301,199	$ 36,798,405	$ 156,466,047
Interest on notes receivable from participants	$ 232,995	$ -	$ 68,857	$ 164,138

	2024	Certified by		
	Totals	MetLife	Fidelity	TIAA and CREF
Net appreciation in fair value of investments	$ 112,735,234	$ 647,212	$ 28,784,127	$ 83,303,895
Earned income from TIAA Traditional Annuity Accounts	17,515,853	-	-	17,515,853
Interest and dividends	26,044,671	-	7,090,538	18,954,133
Total investment income	$ 156,295,758	$ 647,212	$ 35,874,665	$ 119,773,881
Interest on notes receivable from participants	$ 203,406	$ -	$ 61,757	$ 141,649

NOTE 4 - FAIR VALUE MEASUREMENT

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024:

TIAA Traditional Annuity Non-Benefit Responsive Accounts: The TIAA Traditional Annuity is a fixed-rate contract-based investment for which observable prices for identical or similar investments do not exist and is classified as Level 3. The Plan's TIAA Traditional Annuity investment is through the Retirement Annuity (RA) and Retirement Choice (RC) which are non-benefit responsive contracts. Investments in the TIAA Traditional Annuity earn a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The accumulated crediting interest rate for the RA ranged from 4.50% to 5.25% and 4.75% to 6.00% for the years ended December 31, 2025 and 2024, respectively. The crediting interest rate is calculated on a daily basis. The RA does not allow lump-sum cash withdrawals. Transfers or withdrawals may only be made in 10 annual installments over a period of approximately nine years. The accumulated crediting interest rate for the RC ranged from 4.75% to 5.50% and 5.00% to 6.25% for the years ended December 31, 2025 and 2024, respectively. The crediting interest rate is calculated on a daily basis. The RC only allows lump-sum cash withdrawals within 120 days of the participant's termination date and with a 2.5% surrender charge. Otherwise, withdrawals and transfers must be distributed over 84 monthly installments.

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

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in methodologies used at December 31, 2025 or 2024, and there were no transfers between levels for the years ended December 31, 2025 and 2024.

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

There are no unfunded commitments and redemptions may occur daily, except for the TIAA Real Estate Pooled Separate Account, which may be redeemed quarterly, and the TIAA Traditional Annuity Accounts whose redemption restrictions are described above. The following tables present the Plan's fair value hierarchy for those investments measured at fair value as of December 31, 2025 and 2024:

	2025			
	Total Fair Value	Level 1	Level 2	Level 3
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	$ 356,185,960	$ -	$ -	$ 356,185,960
Registered investment companies	1,138,986,253	1,138,986,253	-	-
Pooled separate account - TIAA Real Estate Account	43,842,715	43,842,715	-	-
	$1,539,014,928	$1,182,828,968	$ -	$ 356,185,960

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

The following tables present information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the fair value hierarchy at December 31, 2025 and 2024:

	2025			
Type	Fair Value	Valuation Technique	Significant Unobservable Input	Range
TIAA Traditional Annuity Accounts - Non-Benefit Responsive	$ 356,185,960	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied*	RA: 3.55% - 6.50% RC: 3.80% - 6.75%

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

*Unobservable inputs include discount rate applied.

Purchases of Level 3 investments were $36,848,807 and $38,443,088 for the years ended December 31, 2025 and 2024, respectively. There are no transfers in and out of Level 3 investments for the years ended December 31, 2025 and 2024.

NOTE 5 - BENEFIT RESPONSIVE INVESTMENTS, AT CONTRACT VALUE

The TIAA Traditional Annuity is a guaranteed fixed annuity contract available as an investment option to Plan participants. Each contract (Traditional Annuity) is fully and unconditionally guaranteed by TIAA. The Traditional Annuity is offered through a variety of contract types, including Supplemental Retirement Annuities (SRA), and Group Supplemental Retirement Annuities (GSRA), which are benefit responsive. The type of contract through which a participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement. Plan loan default fund balances are benefit responsive.

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, are guaranteed by TIAA's claims-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities, and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the crediting interest rate. The accumulated crediting interest rate for the SRA and GSRA contracts ranged from 3.75% to 4.50% and 4.00% to 5.25% for the years ended December 31, 2025 and 2024, respectively.

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

NOTE 6 - TAX STATUS

The Plan is intended to comply with the applicable requirements of Section 403(b) of the IRC. A tax determination letter program is not available for individually designed IRC Section 403(b) plans through the Internal Revenue Service (IRS). The Plan administrator and its legal counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and as such is exempt from federal income taxes.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

NOTE 7 - RISKS AND UNCERTAINTIES

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

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

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

The TIAA Traditional Annuity Accounts represent approximately 25% and 27% of the Plan's net assets as of December 31, 2025 and 2024, respectively, and represent an obligation from TIAA to repay as amounts come due. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value are probable.

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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

Certain investment management fees are reimbursed to the Plan, a portion of which may be used to pay for Plan expenses or allocated to participants, and are reflected within net appreciation in fair value of investments in the statements of changes in net assets available for benefits. There were $834,591 and $845,913 in reimbursed fees allocated to participants in 2025 and 2024, respectively.

NOTE 10 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2025, the University did not remit certain participant contributions to the Plan on a timely basis as defined in the Department of Labor regulations. Plan management is in the process of calculating the associated lost earnings attributable to the delayed remittances and will restore such amounts to the affected participant accounts in accordance with applicable requirements.

NOTE 11 - SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through September 25, 2026, the date the financial statements were authorized to be issued and determined the following disclosure is required.

Non-law school faculty members were covered under the terms of a collective bargaining agreement that expired on June 30, 2025. The University continued to operate under the terms of the agreement. On February 19, 2026, the University withdrew its recognition of the faculty union as the faculty's bargaining representative.

SUPPLEMENTAL SCHEDULES

St. John's University Defined Contribution Retirement Plan

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2025

EMPLOYER ID NO: 11-1630830, PLAN #: 003

Year	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
2025	$ 2,851,924	$ 2,851,924	$ -	$ -	$ -

St. John's University Defined Contribution Retirement Plan

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

December 31, 2025

EMPLOYER ID NO: 11-1630830, PLAN #: 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	Investments:			
*	TIAA Traditional Annuity Accounts - Non-Benefit Responsive	Insurance contracts		$ 356,185,960
	Total TIAA Traditional Annuity Accounts - Non-Benefit Responsive			356,185,960
	MetLife Enhanced Preference Plus:			
	American Funds Aggressive Allocation Portfolio	Registered investment companies		28
	American Funds Global Small Capitalization Fund	Registered investment companies		35,118
	American Funds Growth Fund	Registered investment companies		310,085
	American Funds Growth-Income Fund	Registered investment companies		7,641
	American Funds Moderate Allocation Portfolio	Registered investment companies		51,416
	American Funds The Bond Fund of America	Registered investment companies		12,247
	Baillie Gifford International Stock Portfolio	Registered investment companies		26,482
	BlackRock Bond Income Portfolio	Registered investment companies		1,783
	BrightHouse Asset Allocation 100 Portfolio	Registered investment companies		57,142
	BrightHouse Asset Allocation 40 Portfolio	Registered investment companies		98,109
	BrightHouse Asset Allocation 60 Portfolio	Registered investment companies		150,424
	BrightHouse Asset Allocation 80 Portfolio	Registered investment companies		16,775
	BrightHouse/Artisan Mid Cap Value Portfolio	Registered investment companies		1,116
	BrightHouse/Wellington Balanced Portfolio	Registered investment companies		21,793
	BrightHouse/Wellington Core Equity Opportunities Portfolio	Registered investment companies		57,926
	Calvert VP SRI Balanced Portfolio	Registered investment companies		27,143
	Calvert VP SRI Mid Cap Growth Portfolio	Registered investment companies		1,988
	Clarion Global Real Estate Portfolio	Registered investment companies		9
*	Fidelity VIP Equity-Income Portfolio	Registered investment companies		1,638
*	Fidelity VIP Growth Portfolio	Registered investment companies		238,063
*	Fidelity VIP Investment Grade Bond Portfolio	Registered investment companies		103,868
	Frontier Mid Cap Growth Portfolio	Registered investment companies		2,534
	Invesco Global Equity Portfolio	Registered investment companies		1,941
	Invesco Small Cap Growth Portfolio	Registered investment companies		1,800
	Jennison Growth Portfolio	Registered investment companies		3,342
	Loomis Sayles Growth Portfolio	Registered investment companies		1,759
	Loomis Sayles Small Cap Growth Portfolio	Registered investment companies		4
*	Metlife Aggregate Bond Index Portfolio	Registered investment companies		38,699
*	MetLife Mid Cap Stock Index Portfolio	Registered investment companies		33,939
*	MetLife MSCI EAFE Index Portfolio	Registered investment companies		30,871
*	MetLife Russell 2000 Index Portfolio	Registered investment companies		18,889
*	MetLifeStock Index Portfolio	Registered investment companies		594,151
	MFS Research International Portfolio	Registered investment companies		70,347
	MFS Total Return Portfolio	Registered investment companies		78,735
	MFS Value Portfolio	Registered investment companies		1,405
	MFS Value Portfolio Class E	Registered investment companies		4,819
	Morgan Stanley Discovery Portfolio	Registered investment companies		6,525
	Neuberger Berman Genesis Portfolio	Registered investment companies		60,097
	PIMCO Inflation Protected Bond Portfolio	Registered investment companies		1,688
	PIMCO Total Return Portfolio	Registered investment companies		3,513
	T. Rowe Price Large Cap Growth Portfolio	Registered investment companies		35,942
	T. Rowe Price Mid Cap Growth Portfolio	Registered investment companies		7
	T. Rowe Price Small Cap Growth Portfolio	Registered investment companies		100,158
	Western Asset Management Strategic Bond Opportunities Portfolio	Registered investment companies		44,366
	Total MetLife – Registered investment companies			2,356,325

St. John's University Defined Contribution Retirement Plan

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

December 31, 2025

EMPLOYER ID NO: 11-1630830, PLAN #: 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	CREF Total Global Stock R2	Registered investment companies		$ 235,289,625
*	CREF Money Market R2	Registered investment companies		10,390,401
*	CREF Responsible Balanced R2	Registered investment companies		16,689,657
*	CREF Global Equities R2	Registered investment companies		24,664,886
*	CREF Growth R2	Registered investment companies		43,202,922
*	CREF S&P 500 Index R2	Registered investment companies		18,085,533
*	CREF Inflation-Linked Bond R2	Registered investment companies		5,958,802
*	CREF Core Bond R2	Registered investment companies		11,569,683
*	CREF Core Bond R4	Registered investment companies		129,477
*	CREF S&P 500 Index R4	Registered investment companies		941
*	CREF Global Equities R4	Registered investment companies		66,214
*	CREF Growth R4	Registered investment companies		156,910
*	CREF Inflation-Linked Bond R4	Registered investment companies		40,861
*	CREF Money Market R4	Registered investment companies		868,101
*	CREF Responsible Balances R4	Registered investment companies		322,882
*	CREF Total Global Stock R4	Registered investment companies		1,737,174
	T. Rowe Price Ret Blend 2005 I	Registered investment companies		1,003,537
	T. Rowe Price Ret Blend 2010 I	Registered investment companies		2,794,704
	T. Rowe Price Ret Blend 2015 I	Registered investment companies		8,313,415
	T. Rowe Price Ret Blend 2020 I	Registered investment companies		5,952,275
	T. Rowe Price Ret Blend 2025 I	Registered investment companies		13,278,296
	T. Rowe Price Ret Blend 2030 I	Registered investment companies		18,832,640
	T. Rowe Price Ret Blend 2035 I	Registered investment companies		24,776,698
	T. Rowe Price Ret Blend 2040 I	Registered investment companies		23,871,402
	T. Rowe Price Ret Blend 2045 I	Registered investment companies		25,336,406
	T. Rowe Price Ret Blend 2050 I	Registered investment companies		13,695,924
	T. Rowe Price Ret Blend 2055 I	Registered investment companies		7,306,142
	T. Rowe Price Ret Blend 2060 I	Registered investment companies		1,875,531
	T. Rowe Price Ret Blend 2065 I	Registered investment companies		868,343
	Janus Henderson Dev Wrld Bnd I	Registered investment companies		700,853
	T Rowe Price Equity Income I	Registered investment companies		25,913,977
	Harbor Capital Appreciation Rt	Registered investment companies		9,115,301
	Diamond Hill SM/Mid Cap Y	Registered investment companies		9,478,760
	Eaton Vance Atl Cap SMID Ca R6	Registered investment companies		7,444,766
	Invesco Developing Mkts R6	Registered investment companies		8,554,709
	Nuveen Large Cap Resp Eq R6	Registered investment companies		19,579,178
	American Funds EUPAC Class R-6	Registered investment companies		20,244,959
	Vanguard Infl Protect Sec Inst	Registered investment companies		10,531,828
	Vanguard Federal Money Mkt Inv	Registered investment companies		11,287,910
	Vanguard Inst Idx Inst	Registered investment companies		114,869,324
	Vanguard Ttl Intl Stk Idx Inst	Registered investment companies		52,730,918
	Vanguard Ttl Bd Mkt Idx Inst	Registered investment companies		12,923,847
	Vanguard Extended Mkt Idx Inst	Registered investment companies		42,756,317
	Dodge & Cox Income Fund - CI X	Registered investment companies		25,967,278
	Total TIAA and CREF - Registered investment companies			889,179,307

St. John's University Defined Contribution Retirement Plan

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

December 31, 2025

EMPLOYER ID NO: 11-1630830, PLAN #: 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Fidelity Contrafund K6 Fund	Registered investment companies		$ 17,186,805
*	Fidelity Growth Company K6 Fund	Registered investment companies		42,386,335
	T. Rowe Price Retirement Blend 2005 I Fund	Registered investment companies		126,671
	T. Rowe Price Retirement Blend 2010 I Fund	Registered investment companies		667,330
	T. Rowe Price Retirement Blend 2015 I Fund	Registered investment companies		4,762,310
	T. Rowe Price Retirement Blend 2020 I Fund	Registered investment companies		4,836,468
	T. Rowe Price Retirement Blend 2025 I Fund	Registered investment companies		20,267,330
	T. Rowe Price Retirement Blend 2030 I Fund	Registered investment companies		24,307,323
	T. Rowe Price Retirement Blend 2035 I Fund	Registered investment companies		11,406,427
	T. Rowe Price Retirement Blend 2040 I Fund	Registered investment companies		15,084,803
	T. Rowe Price Retirement Blend 2045 I Fund	Registered investment companies		8,109,734
	T. Rowe Price Retirement Blend 2050 I Fund	Registered investment companies		6,185,903
	T. Rowe Price Retirement Blend 2055 I Fund	Registered investment companies		2,250,476
	T. Rowe Price Retirement Blend 2060 I Fund	Registered investment companies		1,120,769
	T. Rowe Price Retirement Blend 2065 I Fund	Registered investment companies		439,869
	T. Rowe Price Equity Income I Fund	Registered investment companies		3,037,692
	T. Rowe Price Retirement 2010 I Fund	Registered investment companies		46,603
	Invs Develop Mkt R6	Registered investment companies		684,157
	Vanguard Total Intl Stk IS Fund	Registered investment companies		2,533,749
	Vanguard Total Bond Mkt Inst	Registered investment companies		3,265,348
	AF Europac R6 Fund	Registered investment companies		2,975,812
	Vanguard Inst Index Fund	Registered investment companies		33,111,689
	Eaton Vance AC Smid Cap R6 Fund	Registered investment companies		2,728,190
	Vanguard Ext Mkt Idx Ins Fund	Registered investment companies		7,084,454
	Diamond Hill Small Mid Cap Y Fund	Registered investment companies		1,089,825
	Dodge & Cox Income X	Registered investment companies		1,843,921
	J H Dev World Bond I	Registered investment companies		835,501
	Vanguard Infl Prot Inst Fund	Registered investment companies		1,587,643
	Fidelity Fund – Brokerage Link:			
*	Fidelity Capital & Income	Registered investment companies		151,521
*	Fidelity Select Computers	Registered investment companies		52,918
*	Fidelity Small Cap Retirement	Registered investment companies		89,033
*	Fidelity Structured Mid Cap Value	Registered investment companies		45,292
*	Fidelity Real Estate Investment	Registered investment companies		59,100
*	Fidelity Convertible Securities	Registered investment companies		136,238
*	Fidelity Total Mkt Index Instl Premium Class	Registered investment companies		143,243
*	Fidelity High Income	Registered investment companies		226,515
*	Fidelity Select Software & Computer	Registered investment companies		492,027
*	Fidelity Growth & Income	Registered investment companies		53,545
*	Fidelity Blue Chip Growth	Registered investment companies		242,895
*	Fidelity Small Cap Growth	Registered investment companies		155,178
*	Fidelity Int'l Value	Registered investment companies		23,831
*	Fidelity Intern'tl Small Cap	Registered investment companies		4,547
*	Fidelity Large Cap Value Indx Inst Prem	Registered investment companies		148,885
*	Fidelity Select Energy	Registered investment companies		264,109
*	Fidelity Select Technology	Registered investment companies		369,269
*	Fidelity Select Health Care	Registered investment companies		64,415
*	Fidelity Select Pharmaceutical	Registered investment companies		145,201
*	Fidelity Select Medical Equip & System	Registered investment companies		127,843
*	Fidelity Growth & Income II	Registered investment companies		25,150
*	Fidelity Select Electronics	Registered investment companies		576,505
*	Fidelity Select Chemicals	Registered investment companies		182,667
*	Fidelity Select Natural Resources	Registered investment companies		36,872
*	Fidelity Select Industrials Port	Registered investment companies		76,743
*	Fidelity Select Industrial Materials	Registered investment companies		26,556
*	Fidelity Value	Registered investment companies		14,111
*	Fidelity Mid Cap Growth Index Fd	Registered investment companies		358
*	Fidelity Mid Cap Stock	Registered investment companies		50,543
*	Fidelity Select Retailing	Registered investment companies		28,600
*	Fidelity Select Biotechnology	Registered investment companies		1,243,775
*	Fidelity Select Gold	Registered investment companies		146,169
*	Fidelity Select Brokerage & Invs Mgt	Registered investment companies		54,391
*	Fidelity Technoquant Growth	Registered investment companies		117,120
*	Fidelity China Region	Registered investment companies		186,653
*	Fidelity Small Cap Value	Registered investment companies		32,144
*	Fidelity Strategic Income Fund	Registered investment companies		21,179

St. John's University Defined Contribution Retirement Plan

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

December 31, 2025

EMPLOYER ID NO: 11-1630830, PLAN #: 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Fidelity Focused High Income Fund	Registered investment companies		$ 32,959
*	Fidelity 500 Index Institutional Prem	Registered investment companies		1,166,213
*	Fidelity Europe	Registered investment companies		39,083
*	Fidelity Nordic	Registered investment companies		45,843
*	Fidelity Southeast Asia	Registered investment companies		9,424
*	Fidelity Balanced	Registered investment companies		85,155
*	Fidelity Capital Appreciation	Registered investment companies		113,639
*	Fidelity Contrafund	Registered investment companies		126,469
*	Fidelity NASDAQ Composite Index	Registered investment companies		1,637,307
*	Fidelity New Millennium	Registered investment companies		191,323
*	Fidelity OTC Port	Registered investment companies		124,369
*	Fidelity Select Defense and Aerospace	Registered investment companies		157,612
*	Fidelity Select Transport	Registered investment companies		2,108
*	Fidelity Select Bus SVC & Outsourcing	Registered investment companies		208,928
*	Fidelity Large Cap Growth Indx Istl Prm	Registered investment companies		460,459
*	Fidelity Emerging Markets	Registered investment companies		58,924
*	Fidelity Select Financial Svcs	Registered investment companies		1
*	Fidelity US Sustainblty Index FD Instl CL	Registered investment companies		138,704
*	Fidelity Real Estate Index Institutional	Registered investment companies		48,795
*	Fidelity Internatl Index Instl Premium	Registered investment companies		584,275
*	Fidelity Extended Market Index Instl Premium	Registered investment companies		285,578
*	Fidelity Intl Cap Appreciation Fund	Registered investment companies		61,393
*	Fidelity Small Cap Independence	Registered investment companies		71,537
	Fidelity External Fund – Brokerage Link:			
	Eventide Gilead Fund Retail Class	Registered investment companies		29,588
	Matthew 25	Registered investment companies		60,844
	Rydex Electronics Inv Class	Registered investment companies		127,292
	BNY Mellon Small Cap Stock Index Investor	Registered investment companies		19,454
	Baird Aggregate Bond Fund Instl	Registered investment companies		114,243
	Glenmede Small Cap Equity – Advisor Cl	Registered investment companies		40,845
	Wells Fargo Precious Metals CL A	Registered investment companies		27,143
	AMG Yacktman Focused Service CL	Registered investment companies		22,520
	Bitcoin Strategy Fund Investor	Registered investment companies		18,972
	T Rowe Price Global Stock	Registered investment companies		38,896
	T Rowe Price New American Growth	Registered investment companies		44,255
	JP Morgan Large Cap Growth Class A	Registered investment companies		96,880
	Morgan Stanley Cap Opprt TR CL A	Registered investment companies		1,377
	Alger Focus Equity CL I	Registered investment companies		51,643
	American Century Global Gold	Registered investment companies		249,756
	American New Perspective Class F	Registered investment companies		18,832
	Vanguard Health Care	Registered investment companies		59,260
	Vanguard Div Apprec Index FD Admiral Shs	Registered investment companies		381,965
	Vanguard Dividend Growth Investor CL	Registered investment companies		12,512
	Vanguard Equity Income	Registered investment companies		105,544
	Vanguard Fixed Income High Yield Corp	Registered investment companies		81,379
	Vanguard Inflation Protected Secs	Registered investment companies		53,477
	Vanguard Intermed Term Corporate	Registered investment companies		163,902
	Franklin Gold and Precious Metals Class A	Registered investment companies		49,752
	Franklin Biotech Discovery Fund A	Registered investment companies		20,064
	Hennessy Focus 30 Fund	Registered investment companies		26,312
	Marisco 21st Century Fund	Registered investment companies		193
	Vanguard VMMR-Fed MMKT	Registered investment companies		11,581,424
*	Fidelity Cash Reserves - Brokeragelink	Registered investment companies		2,466,285
	Fidelity Unit – Brokerage Link:			
*	Fidelity Disruptors ETF	Registered investment companies		41,951
*	Fidelity Enhanced International ETF	Registered investment companies		15,683
	Total Fidelity - Registered investment companies			247,450,621
	Total Registered investment companies			1,138,986,253
*	TIAA Real Estate Account	Pooled separate account		43,842,715
	Total TIAA – Pooled separate account			43,842,715
	Total investments at fair value			1,539,014,928

St. John's University Defined Contribution Retirement Plan

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

December 31, 2025

EMPLOYER ID NO: 11-1630830, PLAN #: 003

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	Benefit Responsive Investment Contracts:			
*	TIAA Traditional Annuity Accounts - Benefit Responsive at contract value	Insurance contracts		$ 45,580,939
*	FID MetLife Fixed-old	Stable value funds		251
*	MetLife Guaranteed Fixed Account & Loan Collateral	Stable value funds		418,426
	Total MetLife and Fidelity stable value funds			418,677
	Total investments at contract value			45,999,616
*	Notes receivable from participants			
	TIAA	Interest rates of 4.25% to 9.50% with maturities through 2034		2,129,402
	Fidelity	Interest rates of 4.25% to 9.50% with maturities through 2034		814,004
	Total notes receivable from participants			2,943,406
	Total assets held			$ 1,587,957,950

* Parties in interest as defined by ERISA.

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

Plan Name	**St. John's University Defined Contribution Retirement Plan**
Plan Sponsor EIN	**11-1630830**
ERISA Plan #	**003**
Plan Year Ending	**December 31, 2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	**St. John's University Defined Contribution Retirement Plan**
Plan Sponsor EIN	**11-1630830**
ERISA Plan #	**003**
Plan Year Ending	**December 31, 2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	**St. John's University Defined Contribution Retirement Plan**
Plan Sponsor EIN	**11-1630830**
ERISA Plan #	**003**
Plan Year Ending	**December 31, 2025**

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X