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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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
NEW YORK UNIVERSITY RETIREMENT PLAN FOR MEMBERS OF THE FACULTY, PROFESSIONAL RESEARCH STAFF AND ADMINISTRATION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1952

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)
NEW YORK UNIVERSITY

105 E. 17TH STREET
NEW YORK, NY 10003

2b Employer Identification Number (EIN) 13-5562308

2c Plan Sponsor's telephone number 212-998-1276

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.	07/29/2022	PATRICIA HOLLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2022	PATRICIA HOLLAND
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	20333
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)**	8829
a(2) Total number of active participants at the end of the plan year	**6a(2)**	9517
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	11223
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	20740
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	357
f Total. Add lines **6d** and **6e**	**6f**	21097
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	20532
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 Characteristics Codes in the instructions:

2F 2G 2L 2M 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **A** (Insurance Information)
- **(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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NEW YORK UNIVERSITY RETIREMENT PLAN FOR MEMBERS OF THE FACULTY, PROFESSIONAL RESEARCH STAFF AND ADMINISTRATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5562308

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	102192	8516	01/01/2021	12/31/2021

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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	898569262
5	Current value of plan's interest under this contract in separate accounts at year end	5	1383206688

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	897468149
c	Additions: (1) Contributions deposited during the year	7c(1)	13571405		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	31428183		
	(4) Transferred from separate account	7c(4)	75915557		
	(5) Other (specify below)	7c(5)	2125727		
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS				
	(6) Total additions			7c(6)	123040872
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1020509021
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	51023440		
	(2) Administration charge made by carrier	7e(2)	1511		
	(3) Transferred to separate account	7e(3)	70601175		
	(4) Other (specify below)	7e(4)	313633		
	▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS				
	(5) Total deductions			7e(5)	121939759
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	898569262

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NEW YORK UNIVERSITY RETIREMENT PLAN FOR MEMBERS OF THE FACULTY, PROFESSIONAL RESEARCH STAFF AND ADMINISTRATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5562308

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
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	60618	45	01/01/2021	12/31/2021

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
124	0

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

MICHAEL R. GROFSICK
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
89			3

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

ANGELA FOLIT
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
35			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1420299
5	Current value of plan's interest under this contract in separate accounts at year end	5	3498083

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1523943
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	44949		
	(4) Transferred from separate account	7c(4)	33732		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	78681
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1602624
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	125796		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	55538		
	(4) Other (specify below)	7e(4)	991		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	182325
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1420299

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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NEW YORK UNIVERSITY RETIREMENT PLAN FOR MEMBERS OF THE FACULTY, PROFESSIONAL RESEARCH STAFF AND ADMINISTRATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5562308

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

VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

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

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

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

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

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

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	459163	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NEW YORK UNIVERSITY RETIREMENT PLAN FOR MEMBERS OF THE FACULTY, PROFESSIONAL RESEARCH STAFF AND ADMINISTRATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5562308

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	109612357

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)**
(Complete as many entries as needed to report all participating plans)

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NEW YORK UNIVERSITY RETIREMENT PLAN FOR MEMBERS OF THE FACULTY, PROFESSIONAL RESEARCH STAFF AND ADMINISTRATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5562308

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)	7785564	7842151
(2) Participant contributions	1b(2)	6533074	6844630
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	3358556
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	102509955	109612357
(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)	3266054080	3772492390
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	898992092	899989561
(15) Other	1c(15)	0	19824444

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4281874765	4819964089
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4281874765	4819964089

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)	91212344	
	(B) Participants	2a(1)(B)	82457195	
	(C) Others (including rollovers)	2a(1)(C)	13718270	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		187387809
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	47930	
	(F) Other	2b(1)(F)	31473132	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31521062
	(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)	91532812	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		91532812
	(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)		17446623
(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)		415310881
c Other income	2c		3857533
d Total income. Add all **income** amounts in column (b) and enter total	2d		747056720
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	189760769	
(2) To insurance carriers for the provision of benefits	2e(2)	19890846	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		209651615
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		2657
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	463866	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		463866
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		210118138
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		536938582
l Transfers of assets:			
(1) To this plan	2l(1)		1150742
(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: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NEW YORK UNIVERSITY RETIREMENT PLAN FOR MEMBERS OF THE FACULTY, PROFESSIONAL RESEARCH STAFF AND ADMINISTRATION

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-5562308

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 74-1625348

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

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

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 contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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 _____

New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration

Financial Statements and Supplemental Schedule
December 31, 2021 and 2020

New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration
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Note: Other schedules required by Section 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration

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

We were engaged to perform an audit of the 2021 financial statements of New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration (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 2021 financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, including the related notes (collectively referred to as the "2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2021, 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 these financial statements.

Basis for Disclaimer of Opinion

The Plan sponsor's accounting records for contracts and custodial accounts issued to current or former employees prior to January 1, 2009 do not provide sufficient evidence supporting investments, benefit payments, investment income and net assets available for benefits to permit the application of adequate auditing procedures.



Other Matter – 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended. The Plan sponsor's accounting records for contracts and custodial accounts issued to current or former employees prior to January 1, 2009 did not provide sufficient evidence supporting investments, benefit payments, investment income and net assets available for benefits to permit the application of adequate auditing procedures. Further, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by a qualified institution, except for comparing such information with the related information included in the 2020 financial statements.

In our report dated July 16, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.

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.

Auditors' Responsibility 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 auditors' 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 audit.

Supplemental Schedule Required by ERISA

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 ("supplemental schedule"), is presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the 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, we do not express an opinion on the supplemental schedule.



New York, New York
July 19, 2022

New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	2020
Assets		
Investments, at fair value (Notes 3 and 4)		
Mutual Funds	$ 2,495,399,976	$ 2,070,258,149
CREF Variable Annuities	1,273,594,331	1,192,567,125
TIAA Traditional Annuity - RA	827,594,652	836,178,841
TIAA Real Estate Pooled Separate Account	109,612,357	102,509,955
TIAA-CREF Self-Directed Accounts	19,824,444	-
AIGRS Variable Annuities	3,498,083	3,228,806
AIGRS Other Insurance Contracts	1,304,629	1,379,013
AIGRS Fixed Collateral Accounts	115,670	144,930
Total investments, at fair value	4,730,944,142	4,206,266,819
Investments, at contract value (Note 3)		
TIAA Traditional Annuity - GSRA & SRA	70,974,610	61,289,308
Total investments, at contract value	70,974,610	61,289,308
Total investments	4,801,918,752	4,267,556,127
Receivables		
Employer contributions receivable	7,842,151	7,785,564
Participant contributions receivable	6,844,630	6,533,074
Loans receivable from participants (Note 1)	3,361,213	-
Total receivables	18,047,994	14,318,638
Total assets	4,819,966,746	4,281,874,765
Net assets available for benefits	$ 4,819,966,746	$ 4,281,874,765

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

New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	2021	2020
Additions to net assets attributed to		
Net investment return (Note 3)		
Net appreciation in fair value of investments	$ 433,216,631	$ 388,330,018
Interest and dividend income	125,988,414	102,637,927
Total net investment return	559,205,045	490,967,945
Contributions		
Employer contributions	91,212,344	89,025,383
Participant contributions	82,457,195	80,629,226
Participant rollover contributions (Note 1)	13,718,270	47,240,718
Total contributions	187,387,809	216,895,327
Total additions	746,592,854	707,863,272
Deductions from net assets attributed to		
Benefits paid to participants	209,651,615	145,920,236
Total deductions	209,651,615	145,920,236
Transfers, net	1,150,742	37,271
Total transfers	1,150,742	37,271
Net increase in net assets available for benefits	538,091,981	561,980,307
Net assets available for benefits		
Beginning of year	4,281,874,765	3,719,894,458
End of year	$ 4,819,966,746	$ 4,281,874,765

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

1. Description of Plan

The following description of the New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration (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 403(b) plan sponsored by New York University (NYU), the Plan Administrator, which was formed effective January 1, 1952. All eligible employees (as defined below) can participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended under the Pension Protection Act of 2006.

The Plan assets are held by the following Trustees:

- Teachers Insurance and Annuity Association of America – College Retirement Equities Fund (TIAA-CREF), as insurance companies. TIAA, FSB is the custodian/trustee for the nonannuity assets, including mutual funds. TIAA is a legal reserve life insurance and annuity company. CREF is an open-end diversified management investment company. The Plan allows participants to purchase unallocated insurance contracts through TIAA. The Plan also allows participants to purchase unallocated investments, notably mutual funds held in custodial accounts, through TIAA-CREF, and variable annuity contracts through TIAA-CREF.

- AIG Retirement Services (AIGRS) – AIGRS is the custodian for the Plan's investments in AIGRS variable annuity contracts and other insurance contracts.

The balance in each participant's account is comprised of employee contributions, NYU contributions made on their behalf and Plan earnings less expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions

NYU makes nonelective employer contributions to eligible participant accounts at a rate of 5% of the participant's eligible pay per pay period and matching contributions based on participant contributions up to a maximum of 5% of the participant's eligible pay per pay period. NYU's nonelective and matching employer contributions are up to the annual limit of compensation set by the Internal Revenue Service (IRS). An employee elects to make participant contributions and NYU reduces the participant's pay accordingly.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contributions invested in the default investment until changed by the participant.

An employee's total pre-tax deferrals made to all eligible plans may not exceed the 2021 and 2020 pre-tax limit of $19,500 as established by the IRS. Participants age 50 and over are eligible to contribute additional pre-tax contributions (catch-up contributions) above the annual IRS limitations up to $6,500 in 2021 and 2020.

Vesting
Participants are fully vested in their account balances upon becoming an eligible participant. An eligible employee is in an eligible job category at NYU and is not (i) a nonresident alien with no U.S. source income, (ii) a student employee whose employment is incidental to his or her education, (iii) a leased employee, (iv) covered by another retirement plan sponsored by NYU or its affiliates, including the NYU Supplemental Tax-Deferred Annuity Plan (NYU STDA Plan), or (v) an employee who is employed only by the New York University Grossman School of Medicine, NYU Long Island School of Medicine, or NYU Langone Hospitals.

Plan Loans
For loans issued prior to April 1, 2021, participants could borrow amounts from both TIAA-CREF and AIGRS using the assets of the Plan as collateral, subject to certain restrictions. A maximum of two outstanding loans are permitted at any given time, and this two-loan limit applies to a participant's total number of loans under the Plan and the NYU STDA Plan.

The amount borrowed cannot exceed the lesser of 45% of their individual vested account or $50,000. Loan terms may not exceed five years, except for loans used to acquire the participant's principal residence which may not exceed 10 years. Loans are issued directly from funds owned by TIAA-CREF and not directly from a participant's account. For all plan loans, interest and principal are paid by the participant directly to TIAA-CREF. Adequate security is required, and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding balance in case of default. Plan loans are not considered investments of the Plan and therefore are not reported in the statements of net assets available for benefits. While the plan loans themselves are not considered Plan assets, the collateral related to a defaulted loan is reportable as a plan asset. The interest rate is determined by TIAA-CREF and may be fixed or variable, and the initial interest rate is determined by the terms of the controlling contract, as is the rate adjustment details and frequency. The interest rates on outstanding loans issued prior to April 1, 2021 ranged from 4.00% to 6.85% for each of the years ended December 31, 2021 and 2020 and loans mature through July 1, 2031. Plan loans with TIAA-CREF amounted to $4,051,005 and $5,065,073 at December 31, 2021 and 2020, respectively. These loans are fully secured by the participant's interest in his or her TIAA Traditional Annuity account. At December 31, 2021 and 2020, $4,456,106 and $5,571,580, respectively, of the TIAA Traditional Annuity balance was used to secure plan loans.

For AIGRS plan loans, participants may borrow a minimum of $1,000 up to a maximum of the lesser of 50% of their individual vested account balance or $50,000. Loan collateral amounts are transferred from a participant's investment election into a loan collateral account which is disclosed separately in the investments section of the statements of net assets available for benefits as fixed collateral accounts. The interest rate is determined by AIGRS, as well as the rate adjustment details and frequency. The interest rate on outstanding loans ranged from 2.50% to 5.50% for each of the years ended December 31, 2021 and 2020 and loans mature through June 2030. Plan loans with AIGRS amounted to $94,039 and $125,199 at December 31, 2021 and 2020, respectively. At December 31, 2021 and 2020, $115,670 and $144,930, respectively, was held in the fixed collateral accounts to secure plan loans.

Loans Receivable from Participants
Effective April 1, 2021, new loans issued are funded directly from the participant's TIAA-CREF account and plan participants may not borrow against account balances held with AIGRS. Participants may borrow from their account balance a minimum of $1,000 up to a maximum of the lesser of 50% of their eligible account balance or $50,000 minus their highest outstanding balance

of loans under the Plan and the NYU STDA plan during the past 12 months. Loan repayments, with interest, are paid directly from the participant to TIAA-CREF. Loans are secured by the balance in the participant's account and bear interest at a fixed rate set at one percent above the prime rate, as defined. If a loan payment is missed, the participant will be considered in default on the entire outstanding loan balance. If the total overdue amount is not paid by the end of the calendar quarter after the calendar quarter in which repayment was due, the outstanding loan balance (including accrued interest) will be reported as a distribution to the participant. The statements of net assets available for benefits reflect loans receivable from participants. Interest income from loans receivable from participants is included in interest and dividend income within the statements of changes in net assets available for benefits.

Rollovers and Transfers
Rollover contributions to the Plan are permitted from non-Roth 401(k)'s, Roth 403(b)'s, or other nonqualified plan accounts. Eligible employees may transfer account balances from the NYU STDA Plan.

Hardships
Participants under age 59 ½ may make a withdrawal from employee and rollover contributions in the case of a financial hardship. NYU's 5% nonelective contribution continues to be made.

Effective April 5, 2020, NYU approved a resolution to adopt the Plan's distribution provision in accordance with the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020. A CARES Act distribution allows the Plan's participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. During the year ended December 31, 2020, total CARES Act distributions from the Plan totaled $10,995,303. In addition, effective April 21, 2020, NYU approved a resolution to adopt the temporary loan repayment deferral provision of the CARES Act. The deferral provision allows qualified Plan participants the option to suspend their Plan loan repayments for up to one year. The option to suspend payments was available to participants until December 31, 2020.

Payment of Benefits
On termination of service due to a participant's retirement, death, or termination of employment at NYU, plan benefits may be paid. Withdrawal options for participants include a lump sum withdrawal, a series of partial withdrawals, or an annuity payout.

Investments
Upon enrollment in the Plan, participants' contributions are allocated between the investment options in whole percentages to purchase accumulation units or annuity contracts. The number of units purchased is based on the net asset value (NAV) per unit on the day their contributions are received. Investment return is allocated to participants' accounts based upon the number of units the participant owns in each investment and the net appreciation of the assets in the investment.

The Plan allows participants to direct the investment of their accounts into the TIAA Traditional Annuity, the TIAA Real Estate Account, CREF Variable Annuity contracts, AIGRS Annuity and Insurance Contracts and various mutual funds. Effective April 1, 2021, participants can also direct the investment of their accounts into a TIAA-CREF self-directed brokerage account. Participants may change their investment options at their discretion.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of the Plan's financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingencies at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from these estimates and such differences could be material.

Investment Valuation and Income Recognition

The Plan's investments are held with the Trustees of the Plan. Shares of mutual funds are stated at fair value based upon quoted prices in actively traded markets as of December 31, 2021 and 2020 where a quoted market exists. Where no quoted market exists, fair value is determined by the Trustee or independent appraisers. Investments in pooled separate accounts and variable annuities are valued at the net asset value for units held at year end. Investments in nonfully benefit responsive investment contracts are valued at fair value based on discounted cash flows as more fully described in Note 4. Investments in fully benefit responsive investment contracts are valued at contract value which equals the accumulated cash contributions and interest credited to the contracts less any withdrawals.

Contributions to the TIAA Traditional Annuity are used to purchase a guaranteed amount of future retirement benefits. TIAA provides annuities, which are considered unallocated contracts. The TIAA Traditional Annuity is a guaranteed annuity which guarantees principal and pays a guaranteed minimum interest of 3.00% during the accumulation and payout phases. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on an annual basis. When declared, the additional amounts remain in effect for the declaration year beginning each March 1, and are not guaranteed for future years. Together the guaranteed minimum and additional amounts make up the crediting rate in the accumulation phase. TIAA groups premium dollars received over defined periods for the purpose of determining the crediting rate for the applicable declaration year during the accumulation period. The average monthly crediting rate for regular annuities in the accumulation phase for nonfully benefit responsive contracts was 3.13% during 2021 and was 3.10% during 2020. The average monthly crediting rate for fully benefit responsive contracts was 3.00% during each of the years ended December 31, 2021 and 2020.

The TIAA Traditional Annuity is offered through Retirement Annuity (RA) contracts ($827,594,652 and $836,178,841 at December 31, 2021 and 2020, respectively) and Group Supplemental Retirement Annuity (GSRA) and Supplemental Retirement Annuity (SRA) contracts ($70,974,610 and $61,289,308 at December 31, 2021 and 2020, respectively). The TIAA Traditional Annuity holdings within the RA contracts have liquidity restrictions and are nonfully benefit responsive. Distributions, withdrawals, and transfers out of the RA contracts can only be made in 10 annual installments through Transfer Payout Annuities. The TIAA Traditional Annuity holdings within the GSRA and SRA contracts contain no liquidity restrictions and are fully benefit responsive.

The Plan presents the net appreciation in the fair value of its investments in the statements of changes in net assets available for benefits, which consists of the realized gains or losses and the

net unrealized appreciation or depreciation on those investments less expenses. Interest credited on the TIAA Traditional Annuity is classified as interest income.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis.

Payment of Benefits
Benefits are recorded when paid.

Expenses of the Plan
Trustee-related expenses are deducted from the net assets of each account each valuation day for investment management, administration and distribution services. Investment management and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis. Expenses are not separately reflected within the statements of changes in net assets available for benefits but are included as an offset to net appreciation in fair value of investments.

Risks and Uncertainties
The Plan invests in various types of investment securities including registered investment companies, insurance contracts, variable annuity contracts, a pooled separate account and a fixed dollar annuity contract. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the value of participant account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

In April 2018, an eight-day trial in the United States District Court for the Southern District of New York was held in Sacerdote et. al. v. NYU, in which plaintiffs, a class of NYU employees, alleged that NYU had breached its fiduciary obligations under ERISA. The plaintiffs sought several hundred million dollars in damages. Following trial, on July 31, 2018 the Court issued its opinion dismissing all claims in their entirety. On September 11, 2018, the plaintiffs filed a Notice of Appeal and on October 1, 2018, the plaintiffs filed a motion for a new trial. On July 1, 2019, the Court issued its decision and order denying the plaintiffs' motion for a new trial. The plaintiffs appealed this decision to the United States Court of Appeals for the Second Circuit on November 19, 2019; NYU submitted their response brief in March 2020; oral argument was held in October 2020. On August 16, 2021, the Second Circuit issued its opinion. The Second Circuit affirmed the District Court's findings in favor of NYU on the claims that were tried in April 2018. The Second Circuit found, however, that the District Court erred in dismissing one of Plaintiffs' claims prior to trial. Specifically, the Second Circuit found that the District Court should not have dismissed Plaintiffs' claim that NYU allegedly breached ERISA's fiduciary duty of prudence by offering certain share classes of some of the investments made available to participants in NYU's pension plans. The case has been remanded to the District Court and the parties are conducting discovery on Plaintiffs' remaining claim. There is currently no trial date. NYU will continue to aggressively defend this case.

Reclassifications
Certain amounts in the 2020 financial statements have been reclassified to conform to the current year's presentation. These reclassifications have no impact on the net assets available for benefits or changes in net assets available for benefits previously reported.

New Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement: Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement (Topic 820)*. The new ASU eliminates, adds and modifies certain disclosure requirements related to fair value measurement. This ASU is effective for fiscal years beginning after December 15, 2019. The Plan implemented this standard using a retrospective approach in fiscal year 2020. The adoption did not have a significant impact to the disclosures within Note 4.

3. Certified Financial Data

The following is a summary of the financial information included in the Plan's financial statements and supplemental schedule which was certified by AIGRS and TIAA-CREF as of December 31, 2021 and 2020, and for each of the years then ended. AIGRS and TIAA-CREF have certified the data as complete and accurate in accordance with 29 CFR Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plan assets certified at December 31, 2021 and 2020 are summarized as follows:

Statements of Net Assets Available for Benefits

	2021	2020
Investments, at fair value		
Mutual Funds	$ 2,495,399,976	$ 2,070,258,149
CREF Variable Annuities	1,273,594,331	1,192,567,125
TIAA Traditional Annuity - RA	827,594,652	836,178,841
TIAA Real Estate Pooled Separate Account	109,612,357	102,509,955
TIAA-CREF Self-Directed Accounts	19,824,444	-
AIGRS Variable Annuities	3,498,083	3,228,806
AIGRS Other Insurance Contracts	1,304,629	1,379,013
AIGRS Fixed Collateral Accounts	115,670	144,930
Total investments, at fair value	4,730,944,142	4,206,266,819
Investments, at contract value		
TIAA Traditional Annuity - GSRA & SRA	70,974,610	61,289,308
Total investments, at contract value	70,974,610	61,289,308
Total investments	$ 4,801,918,752	$ 4,267,556,127
Loans receivable from participants	$ 3,361,213	$ -

Investment return for the years ended December 31, 2021 and 2020 consisted of the following:

Statements of Changes in Net Assets Available for Benefits

	2021	2020
Net appreciation in fair value of investments	$ 433,216,631	$ 388,330,018
Interest and dividend income	125,988,414	102,637,927
Total net investment return	$ 559,205,045	$ 490,967,945

4. Fair Value Measurements

Authoritative guidance on fair value measurements, Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement and Disclosures*, establishes a hierarchy of valuation methodologies based on the extent to which asset valuation are observable in the marketplace. The following describes the hierarchy of methodologies used to measure fair value of investments:

- Fair value for Level 1 is based upon quoted prices in actively traded markets that the Plan has the ability to access for identical assets and liabilities. Market price data is generally obtained from exchange or dealer markets. The Plan does not adjust the quoted price for such assets and liabilities.

- Fair value for Level 2 is based on quoted prices for instruments similar to those held by the Plan in actively traded markets, quoted prices for identical instruments similar to those held by the Plan in markets that are not actively traded and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Inputs are obtained from various sources including market participants, dealers and brokers.

- Fair value for Level 3 is based on valuation techniques used to assess prices that are unobservable as the assets trade infrequently or not at all.

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 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 estimate of fair value at the reporting date. There have been no changes in the methodologies used as of December 31, 2021 and 2020.

The following tables summarize the investments held at fair value at December 31, 2021 and 2020:

	Active Markets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total 2021
Variable annuities [1]	$ 3,498,083	$ 1,273,594,331	$ -	$ 1,277,092,414
Pooled separate account [2]	-	109,612,357	-	109,612,357
Fixed income annuity	-	-	827,594,652	827,594,652
Insurance contracts	-	1,420,299	-	1,420,299
Mutual funds	2,495,399,976	-	-	2,495,399,976
Self-directed accounts [3]	19,824,444	-	-	19,824,444
Total investments, at fair value	$ 2,518,722,503	$ 1,384,626,987	$ 827,594,652	$ 4,730,944,142

	Active Markets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total 2020
Variable annuities [1]	$ 3,228,806	$ 1,192,567,125	$ -	$ 1,195,795,931
Pooled separate account [2]	-	102,509,955	-	102,509,955
Fixed income annuity	-	-	836,178,841	836,178,841
Insurance contracts	-	1,523,943	-	1,523,943
Mutual funds	2,070,258,149	-	-	2,070,258,149
Total investments, at fair value	$ 2,073,486,955	$ 1,296,601,023	$ 836,178,841	$ 4,206,266,819

(1) This category includes investments in CREF variable annuities. In an effort to reduce market timing and excessive trading, shareholders are not permitted to make electronic transfers back into the same account with a purchase or exchange for 90 calendar days, if a purchase, sale or repurchase within the account is made within a 60-day period.

(2) This category includes an investment in a pooled separate account investing in real estate and real estate related investments. Although the underlying assets of the pooled separate account cannot be quickly sold and converted to liquid assets, the TIAA General Account provides a liquidating guarantee to meet participants' redemption, transfer or cash withdrawal requests varying from one to three days. Redemptions out of this investment are limited to one per quarter. Internal transfers into the TIAA Real Estate Account are prohibited if the transfer causes the value of the participant's total accumulation in the account to exceed $150,000. The purpose of this limitation is to ensure more predictable account inflows and outflows, which is expected to facilitate efficient portfolio management over the long term.

(3) This category includes investments in TIAA-CREF self-directed brokerage accounts. The accounts are valued based on the fair value of the underlying investments which include mutual funds and money market funds.

There are no redemption notice periods required by nor significant fees imposed by the insurance companies should the Plan choose to no longer allow Plan assets to be invested in a particular variable annuity or pooled separate account. Trade settlement terms are 1-3 day(s).

Level 3 Investments

The Level 3 investment assets consist of fixed income annuity investments in the TIAA Traditional Annuity RA contracts. The Plan had Level 3 purchases in the amount of $76,925,530 and $68,987,240 for the years ended December 31, 2021 and 2020, respectively. There were no transfers into or out of Level 3 during 2021 or 2020.

The following tables present information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the ASC 820 fair value hierarchy at December 31, 2021 and 2020:

	2021			
Type	**Fair Value**	**Valuation Technique**	**Significant Unobservable Inputs**	**Crediting Rate Range**
TIAA Traditional Annuity - RA	$ 827,594,652	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.00% – 3.80%

	2020			
Type	**Fair Value**	**Valuation Technique**	**Significant Unobservable Inputs**	**Crediting Rate Range**
TIAA Traditional Annuity - RA	$ 836,178,841	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.00% – 4.45%

5. Plan Termination

NYU has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. NYU has not expressed any intent to discontinue the Plan.

6. Tax Status

The Plan has been designed to qualify for tax-exempt status under Section 403(b) of the Internal Revenue Code (the Code). The Plan Administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan Management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

7. Party-in-Interest and Related Party Transactions

The Plan's investments are managed by the Trustees (TIAA-CREF and AIGRS). Therefore, these transactions qualified as party-in-interest. The total fair value of investments managed by the Trustees was $2,305,974,347 and $2,488,026,038 at December 31, 2021 and 2020, respectively. The total value of participant loans managed by TIAA-CREF was $3,361,213 and $0 at December 31, 2021 and 2020, respectively.

8. Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2021:

	2021
Net assets available for benefits per the financial statements	$ 4,819,966,746
Deemed distributions of participant loans	(2,657)
Net assets available for benefits per the Form 5500	$ 4,819,964,089

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to the net income and transfers of assets per the Form 5500 for the year ended December 31, 2021:

	2021
Net increase in net assets available for benefits per the financial statements	$ 538,091,981
Deemed distributions of participant loans	(2,657)
Net income and transfers of assets per the Form 5500	$ 538,089,324

There were no reconciling items from the net assets available for benefits and increase in net assets available for benefits per the financial statements to the Form 5500 as of and for the year ended December 31, 2020.

9. Subsequent Events

The Plan Administrator has evaluated subsequent events through July 19, 2022, the date the financial statements were issued. There have been no subsequent events that occurred during this period that would require recognition or disclosure in the financial statements as of December 31, 2021 or for the year then ended.

Supplemental Schedule

New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)*

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party Individual	(c) Description of Investment	(d) Cost	(e) Current Value
**	TIAA Traditional Annuity - RA	Unallocated Insurance Contract	***	$ 827,594,652
**	TIAA Traditional Annuity - GSRA & SRA	Unallocated Insurance Contract	***	70,974,610
**	TIAA Real Estate	Pooled Separate Account	***	109,612,357
**	CREF Equity Index R3	Variable Annuity	***	109,776,580
**	CREF Global Equities R3	Variable Annuity	***	114,041,335
**	CREF Growth R3	Variable Annuity	***	171,187,524
**	CREF Stock R3	Variable Annuity	***	677,384,055
**	CREF Social Choice R3	Variable Annuity	***	73,243,939
**	CREF Bond Market R3	Variable Annuity	***	64,576,990
**	CREF Inflation-Linked Bond R3	Variable Annuity	***	25,911,582
**	CREF Money Market R3	Variable Annuity	***	37,472,326
**	AIGRS Amer Beacon Brdwy Lrg Cp Grw I	Variable Annuity	***	1,621
**	AIGRS Ariel Appreciation Fund	Variable Annuity	***	56,722
**	AIGRS Ariel Fund	Variable Annuity	***	62,377
**	AIGRS Blue Chip Growth Fund	Variable Annuity	***	153,031
**	AIGRS Capital Appreciation Fund	Variable Annuity	***	4,859
**	AIGRS Core Bond Fund	Variable Annuity	***	60,377
**	AIGRS Conservative Growth Lifestyle Fund	Variable Annuity	***	11,076
**	AIGRS Dividend Value Fund	Variable Annuity	***	136,927
**	AIGRS Emerging Economics	Variable Annuity	***	69,781
**	AIGRS Global Real Estate Fund	Variable Annuity	***	22,398
**	AIGRS Global Strategy Fund	Variable Annuity	***	21,692
**	AIGRS Growth Fund	Variable Annuity	***	180,623
**	AIGRS High Yield Bond Fund	Variable Annuity	***	17,451
**	AIGRS Inflation Protected Fund	Variable Annuity	***	29,171
**	AIGRS International Equities Index Fund	Variable Annuity	***	91,176
**	AIGRS International Government Bond Fund	Variable Annuity	***	108
**	AIGRS International Growth Fund	Variable Annuity	***	256
**	AIGRS International Value Fund	Variable Annuity	***	79,892
**	AIGRS International Opportunities	Variable Annuity	***	39,047
**	AIGRS Large Capital Growth Fund	Variable Annuity	***	139,510
**	AIGRS Mid Cap Index Fund	Variable Annuity	***	313,222
**	AIGRS Mid Cap Strategic Growth Fund	Variable Annuity	***	24,018
**	AIGRS Mid Cap Value Fund	Variable Annuity	***	86,643
**	AIGRS Government Money Market I Fund	Variable Annuity	***	109,136
**	AIGRS NASDAQ-100® Index Fund	Variable Annuity	***	195,339
**	AIGRS Science & Technology Fund	Variable Annuity	***	368,678
**	AIGRS Small Cap Growth Fund	Variable Annuity	***	83,625
**	AIGRS Small Cap Index Fund	Variable Annuity	***	99,906
**	AIGRS Small Cap Special Value Fund	Variable Annuity	***	97,675
**	AIGRS Small Cap Value Fund	Variable Annuity	***	35,732
**	AIGRS Systematic Core Fund	Variable Annuity	***	56,797
**	AIGRS Systematic Value	Variable Annuity	***	117,714
**	AIGRS Socially Responsible Fund	Variable Annuity	***	65,617
**	AIGRS Stock Index Fund	Variable Annuity	***	121,457
**	AIGRS Fixed Account Plus	Other insurance	***	1,168,727
**	AIGRS Short Term Fixed Account	Other insurance	***	135,902
**	AIGRS Loan Escrow Fund	Fixed collateral account	***	1,023
**	AIGRS Loan Collateral Fund	Fixed collateral account	***	114,647
	Vanguard Lifestrategy Conservative Growth Fund	Variable Annuity	***	25,948
	Vanguard Lifestrategy Moderate Growth Fund	Variable Annuity	***	8,553
	Vanguard Long-Term Treasury Fund	Variable Annuity	***	7,382
	Vanguard Long-Term Investment Grade Fund	Variable Annuity	***	17,552
	Vanguard Wellington Fund	Variable Annuity	***	312,976
	Vanguard Windsor II Fund	Variable Annuity	***	172,018
	Vanguard Equity Income Fund Admiral Shares	Registered Investment Company	***	90,496,604
	Vanguard Explorer Fund Admiral Shares	Registered Investment Company	***	45,453,967
	Vanguard Federal Money Market Fund	Registered Investment Company	***	61,786,495
	Vanguard Inflation-Protected Securities Fund Institutional Shares	Registered Investment Company	***	37,024,777

* The information in this schedule has been certified as to its completeness and accuracy by the Trustees.

** These are permitted party-in-interest transactions as defined by ERISA.

*** Cost information is not required for participant-directed investments and therefore is not included.

New York University Retirement Plan for Members of the Faculty, Professional Research Staff and Administration

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), continued*

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party Individual	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard Institutional Index Fund Institutional Plus Shares	Registered Investment Company	***	323,252,369
	Vanguard Institutional Target Retirement 2015 Fund	Registered Investment Company	***	42,002,365
	Vanguard Institutional Target Retirement 2020 Fund	Registered Investment Company	***	61,629,804
	Vanguard Institutional Target Retirement 2025 Fund	Registered Investment Company	***	90,930,164
	Vanguard Institutional Target Retirement 2030 Fund	Registered Investment Company	***	109,119,432
	Vanguard Institutional Target Retirement 2035 Fund	Registered Investment Company	***	129,246,433
	Vanguard Institutional Target Retirement 2040 Fund	Registered Investment Company	***	149,034,971
	Vanguard Institutional Target Retirement 2045 Fund	Registered Investment Company	***	162,058,454
	Vanguard Institutional Target Retirement 2050 Fund	Registered Investment Company	***	118,721,698
	Vanguard Institutional Target Retirement 2055 Fund	Registered Investment Company	***	55,588,895
	Vanguard Institutional Target Retirement 2060 Fund	Registered Investment Company	***	13,379,466
	Vanguard Institutional Target Retirement 2065 Fund	Registered Investment Company	***	2,429,310
	Vanguard Institutional Target Retirement Income Fund	Registered Investment Company	***	65,617,272
	Vanguard Real Estate Index Fund Institutional Shares	Registered Investment Company	***	37,964,334
	Vanguard Short-Term Bond Index Fund Institutional Shares	Registered Investment Company	***	37,634,645
	Vanguard Small-Cap Growth Index Fund Institutional Shares	Registered Investment Company	***	9,485,276
	Vanguard Small-Cap Value Index Fund Institutional Shares	Registered Investment Company	***	30,163,227
	Vanguard U.S. Growth Fund Admiral Shares	Registered Investment Company	***	155,843,434
	Vanguard Value Index Fund Institutional Shares	Registered Investment Company	***	93,464,632
	Vanguard Wellesley Income Fund Admiral Shares	Registered Investment Company	***	17,381,079
	Vanguard Global Equity Fund Investor Shares	Registered Investment Company	***	55,316,443
	Vanguard Growth Index Fund Institutional Shares	Registered Investment Company	***	39,712,590
	Vanguard High-Yield Corporate Fund Admiral Shares	Registered Investment Company	***	23,273,506
	American Century Emerging Markets Fund R6 Class	Registered Investment Company	***	4,565,190
	Allspring Special Small Cap Value Fund - Class R6	Registered Investment Company	***	329,725
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Registered Investment Company	***	20,493,207
	Vanguard Mid-Cap Value Index Fund Admiral Shares	Registered Investment Company	***	11,505,721
	Vanguard Developed Markets Index Fund Institutional Plus Shares	Registered Investment Company	***	159,151,795
	Vanguard Emerging Markets Stock Index Fund Institutional Plus Shares	Registered Investment Company	***	27,860,110
	Vanguard Extended Market Index Fund Institutional Plus Shares	Registered Investment Company	***	106,789,173
	Vanguard Total Bond Market Index Fund Institutional Plus Shares	Registered Investment Company	***	106,693,413
**	TIAA-CREF Self Directed Account	Self-Directed brokerage account	***	19,824,444
	Total investments			4,801,918,752
**	Participant Loans receivable	203 loans (at an interest rate of 4.25%, with varying maturity dates through 2031)		3,361,213
	Total assets held at end of year			$ 4,805,279,965

* The information in this schedule has been certified as to its completeness and accuracy by the Trustees.

** These are permitted party-in-interest transactions as defined by ERISA.

*** Cost information is not required for participant-directed investments and therefore is not included.

Plan Name	**New York University Retirement Plan For Members of the Faculty, Professional Research Staff and Administration**
Plan Sponsor EIN	**13-5562308**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2021**

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	

Plan Name	**New York University Retirement Plan For Members of the Faculty, Professional Research Staff and Administration**
Plan Sponsor EIN	**13-5562308**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2021**

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	