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. . . . . ▶ [ ]

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
THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1989

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)
THE GEORGE WASHINGTON UNIVERSITY

BENEFITS DEPARTMENT

45155 RESEARCH PLACE, SUITE 160
ASHBURN, VA 20147

2b Employer Identification Number (EIN) 53-0196584

2c Plan Sponsor's telephone number 571-553-8397

2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2022	JENNIFER LOPEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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**	16218
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)**	7800
a(2) Total number of active participants at the end of the plan year	**6a(2)**	7713
b Retired or separated participants receiving benefits	**6b**	1938
c Other retired or separated participants entitled to future benefits	**6c**	5399
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	15050
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	82
f Total. Add lines **6d** and **6e**	**6f**	15132
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	11515
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:

2L 2M 2G

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]	1	**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
THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE GEORGE WASHINGTON UNIVERSITY

D Employer Identification Number (EIN)
53-0196584

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	101344	5664	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

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	380159655
5	Current value of plan's interest under this contract in separate accounts at year end	5	750304344

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	384318366
c	Additions: (1) Contributions deposited during the year	7c(1)	2665640		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	12947877		
	(4) Transferred from separate account	7c(4)	24322594		
	(5) Other (specify below)	7c(5)	214016		
	▶ SERVICE CREDIT & LOAN INTEREST				
	(6) Total additions			7c(6)	40150127
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	424468493
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	23386917		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	20764819		
	(4) Other (specify below)	7e(4)	157102		
	▶ FEES & PLAN TO PLAN TRANSFER IN/OUT				
	(5) Total deductions			7e(5)	44308838
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	380159655

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE GEORGE WASHINGTON UNIVERSITY

D Employer Identification Number (EIN)
53-0196584

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

GRANT THORNTON, LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	25222	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	13506	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAMMACK LARHETTE ADVISORS

20-4688732

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	3377	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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
THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE GEORGE WASHINGTON UNIVERSITY

D Employer Identification Number (EIN)
53-0196584

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	43274751

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
THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE GEORGE WASHINGTON UNIVERSITY

D Employer Identification Number (EIN)
53-0196584

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1771573	1571538
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	37658511	43274751
(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)	1032733351	1190648195
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	384318366	380159655
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1456481801	1615654139
	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	1456481801	1615654139

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)		
	(B) Participants	2a(1)(B)	38154228	
	(C) Others (including rollovers)	2a(1)(C)	12615217	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		50769445
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)	96093	
	(F) Other	2b(1)(F)	69411105	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		69507198
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		6648774
(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)		117508970
c Other income	2c		501441
d Total income. Add all **income** amounts in column (b) and enter total	2d		244935828
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	82480445	
(2) To insurance carriers for the provision of benefits	2e(2)	3259633	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		85740078
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	22740	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	672	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		23412
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		85763490
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		159172338
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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
THE GEORGE WASHINGTON UNIVERSITY SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE GEORGE WASHINGTON UNIVERSITY

D Employer Identification Number (EIN)
53-0196584

Part I Distributions

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

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

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

EIN(s): 13-1624203 04-2647786

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

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

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 _____

Financial Statements and Report of Independent Certified Public Accountants

The George Washington University Supplemental Retirement Plan

December 31, 2021 and 2020

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* All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Administrator of
The George Washington University Supplemental Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit for the 2021 financial statements
We were engaged to perform an audit of the financial statements of The George Washington University Supplemental Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits – modified cash basis as of December 31, 2021, and the related statement of changes in net assets available for benefits – modified cash basis for the year then ended, and the related notes to the financial statements ("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 5 to the financial statements, is complete and accurate.

Disclaimer of opinion on the 2021 financial statements
We do not express an opinion on the accompanying 2021 financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2021 financial statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statements.

Basis for disclaimer of opinion on the 2021 financial statements
The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the 2021 financial statements may have been affected by these conditions.

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Emphasis of matter - Basis of accounting
We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of management for the 2021 financial statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, 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.

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

Auditor's responsibilities for the audit of the 2021 financial statements
Our responsibility is to conduct an audit of the Plan's financial statements in accordance with the modified cash basis of accounting as described in Note 2 and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion on the 2021 financial statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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

Other matters
2021 supplemental schedules required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 on the 2021 financial statements of our report, it is inappropriate to and we do not express an opinion on the 2021 supplemental schedule referred to above.

Grant Thornton

Auditor's report on the 2020 financial statements
We were engaged to audit the 2020 financial statements of the Plan. 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 certified by a qualified institution. In our report dated October 13, 2021, we indicated that because of the significance of the information that we did not audit and because the Plan had not maintained sufficient accounting records and supporting documents relating to certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009 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.

Grant Thornton LLP

Philadelphia, Pennsylvania
August 29, 2022

The George Washington University Supplemental Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

December 31,

	2021	2020
ASSETS		
Investments, at fair value	$1,473,311,174	$1,318,017,602
Investments, at contract value	140,771,427	136,692,626
Notes receivable from participants	1,571,538	1,771,573
NET ASSETS AVAILABLE FOR BENEFITS	$1,615,654,139	$1,456,481,801

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

The George Washington University Supplemental Retirement Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

December 31, 2021

Additions:	
Investment income:	
Interest and dividends	$ 69,411,105
Net appreciation in fair value of investments	124,157,744
Net investment income	193,568,849
Plan servicing credit	501,441
Interest income from notes receivable	96,093
Participant contributions	38,154,228
Rollovers	12,615,217
Net additions	244,935,828
Deductions:	
Benefit payments	85,740,078
Administrative expenses	23,412
Total deductions	85,763,490
NET INCREASE	159,172,338
Net assets available for benefits:	
Beginning of year	1,456,481,801
End of year	$ 1,615,654,139

The accompanying notes are an integral part of this financial statement.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of The George Washington University Supplemental Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The George Washington University ("University") established the Plan effective January 1, 1989. The purpose of the Plan is to provide supplemental retirement benefits for participating employees as an integral part of the University's overall retirement program. The Plan is a defined contribution plan governed by Section 403(b) of the Internal Revenue Code ("IRC") and is designed to comply with the Employee Retirement Income Security Act of 1974 as amended ("ERISA"). The Plan allows each participating employee to build retirement income by making contributions to Plan accounts established in the employee's name. It provides the employee with the opportunity to defer part of his or her earnings, on a tax-favored basis, and to direct the investment of his or her contributions in annuity contracts and custodial accounts offered by certain investment providers.

Benefits are funded by annuities issued by the Teachers Insurance Annuity Association ("TIAA"), the TIAA Real Estate Account, the various variable annuities offered by the College Retirement Equities Fund ("CREF") (collectively "TIAA and CREF"), the TIAA-CREF Institutional Mutual Funds and Mutual Funds, the annuities offered by AXA Equitable Life Insurance Company ("Equitable") and Mutual Funds offered by Fidelity Management Trust Company ("Fidelity"). Vanguard Mutual Funds are offered through Fidelity. In 2009, Equitable was eliminated as an investment provider option (existing dollars remained with Equitable, however, no new contributions were allowed). TIAA, FSB ("Trust Company") serves as custodian for the Plan's investments in the TIAA-CREF Institutional Mutual Funds and American Century Fund ("Mutual Funds").

The University Plan Administration Committee serves as the Plan administrator.

The Coronavirus Aid, Relief and Economic Security Act ("CARES Act") and the Setting Every Community Up for Retirement Enhancement Act ("SECURE Act") were effective January 1, 2020. The following provisions of the CARES Act and SECURE Act have been adopted by the Plan:

- Increased age for required minimum distributions ("RMD"); the age triggering RMDs is increased to 72 from 70½. This will be effective for those turning 70½ on or after January 1, 2020 or those with a date of birth after June 30, 1949. Required minimum distributions were temporarily waived for 2020.

- Penalty free withdrawal available through December 31, 2020. Distributions up to $100,000 are exempt from the early distribution penalty tax of 10%, and federal income tax can be spread over three years. Alternatively, the distribution can be repaid to the Plan within three years.

- Penalty free withdrawal (early distribution penalty tax of 10%) of $5,000 for birth or adoption, taken within 12 months of birth or adoption. This distribution can be repaid to the Plan.

- Change in distribution rules for certain beneficiaries. Non-spouse beneficiaries must take full distribution of account within ten years of the original account owner's death.

- Increased loan amount from $50,000 to $100,000 available on loans taken between March 27, 2020 and September 22, 2020 and the ability to defer loan payments for one year.

Participation and Vesting

In general, an employee will be eligible for participation if the employee is a regular full-time employee, regular part-time employee or non-student temporary/wage employee of the University. Employees can enroll in the 403(b) plan and select the deferral percentage or make changes to current elections via the internet or by calling Fidelity. Fidelity Investments serves as the primary administrative service provider. All plan contributions and benefits derived therefrom are immediately fully vested and nonforfeitable.

Contributions

Employees may choose to make before-tax or after-tax contributions to the Plan in a percentage of salary through an online salary reduction agreement. An employee's salary will be reduced by the amount of the percentage the employee selects on the salary reduction agreement, subject to limitations imposed by the IRC. Employees may change the amount of their election at any time during the year, subject to the limitations imposed by the Internal Revenue Service ("IRS"). Contributions were limited to $19,500 for 2021 subject to IRC 402(g). If an employee reaches the limitation imposed by the IRC for before-tax or after-tax contributions, and the employee will turn age 50 during a particular plan year, the employee may make additional before-tax or after-tax contributions known as Catch-Up contributions each year, beginning in that Plan year. The employee's salary will be reduced by the amount to be contributed as Catch-Up contributions, which was limited to $6,500 for 2021. Under IRC section 415(c), the annual limit for combined employer and employee contributions shall not exceed the lesser of $58,000 or 100% of the employee compensation. Employees can also make rollover contributions. Subject to the rules of the funding vehicles, a participant may have deposited to the participant's rollover contribution account an eligible rollover distribution. After-tax contributions or rollovers containing after-tax contributions from a qualified retirement plan are allowed.

Each participant's account is credited with the participant's contribution and plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant's earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Benefits

In general, participants may begin receiving a distribution of their plan accounts upon the earliest of their termination of employment; their disability (as defined in the applicable individual agreement with a custodian); or their attainment of age 59½. Participants may elect to receive benefit payments under any of the lifetime income benefits available through the TIAA annuities or may maintain their investments in the CREF, Equitable and TIAA-CREF Registered Investment Companies and Fidelity and Vanguard Mutual Funds. The annuities are based upon the value of the investment results and the mortality and expense associated with the specific annuities available through TIAA, which are selected by the participant. The terms of the Plan may require distributions to be made in the form of a lump-sum payment, without the consent of the participant or beneficiary, if it is permitted by the related investment and annuity accounts, but no such payment may be made without the consent of the participant or beneficiary unless the individual account balance does not exceed $5,000.

The annuities are used to purchase a guaranteed amount of future benefits. TIAA provides annuities to participants, which are considered unallocated contracts. A participant can only withdraw from the TIAA Traditional Annuities according to the predetermined installment plan.

Upon retirement, participants who invest in the TIAA Real Estate Account, TIAA Traditional Annuities or the CREF Variable Annuities may continue to invest in these accounts or may transfer their assets among these three types of accounts. Participants who have invested in Equitable Registered Investment Companies ("RICs") may transfer their assets among the above three types of accounts and the Equitable RICs.

Equitable continues to provide services for making benefit payments to participants from the Equitable RICs. TIAA-CREF Institutional Mutual Funds and American Century, Fidelity, and Vanguard investments are not eligible to be annuitized by TIAA.

The minimum distribution rule requires retired or terminated former employees to begin withdrawing minimum amounts from their retirement account starting the year they reach 72 years of age. The initial required distribution can be delayed until April 1 in the year following the year they turn age 72. Required distributions for subsequent years need to be taken by December 31 of each year. The Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act") became law on December 20, 2019. The Secure Act made major changes to the RMD rules. If a participant reached the age of 70½ in 2019 the prior rule applies, and the participant must take their first RMD by April 1, 2020. If the participant reaches age 70½ in 2020 or later they must take their first RMD by April 1 of the year after they reach 72.

Participants may request a loan and/or hardship withdrawal against their plan account invested with TIAA and/or Fidelity.

For accounts invested with TIAA, participants may be eligible to apply for a loan against amounts invested in the TIAA Traditional Annuities (see Note 4), or to apply for a financial hardship withdrawal from their plan account, as allowed by the participant's individual agreement with TIAA that is applicable to the participant's investments.

A hardship withdrawal from a participant's 403(b) plan may be permitted, while a participant is still actively employed, if the participant has a financial hardship for which funds are not reasonably available from other resources of the participant. For the purpose of the Plan, financial hardship may include expenses for: (1) certain medical expenses, (2) costs relating to the purchase of a principal residence, (3) tuition and related educational fees and expenses, (4) payments necessary to prevent eviction from, or foreclosure on, a principal residence, (5) burial or funeral expenses, and (6) certain expenses for the repair of damage to the employee's principal residence. A distribution is deemed necessary to satisfy an immediate and heavy financial need of an employee if the employee has obtained all other currently available distributions and loans under the 403(b) plan. All hardship withdrawal requests are subject to the approval of the University's Benefits Administration Department.

Administrative Expenses

All investment-related administrative fees are included in the expense ratios for the various investment options for TIAA and CREF, Fidelity, Vanguard, and Equitable, except for fees associated with certain participant directed transactions. Where the Plan maintains a balance in and makes active contributions to any of the investment vehicles kept on TIAA and CREF platform, TIAA and CREF funds a Revenue Credit Account in the Plan based upon income generated by the Plan. The amount determined to be in excess of TIAA and CREF's revenue requirement is deposited into the Revenue Credit Account of the Plan. The Revenue Credit Account may only be used either to pay direct, reasonable and necessary expenses of the Plan with authorization or to provide benefits for plan participants and beneficiaries in the form of revenue credits.

All other administrative expenses of the Plan are paid by the University.

Termination

The University intends to continue the Plan indefinitely but reserves the right to amend, modify, terminate, or discontinue further contributions or payments under the Plan at any time. In the event of a complete or partial termination of the Plan or discontinuance of contributions, all individual accounts will remain nonforfeitable.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The Plan's accounting records are maintained on the modified cash basis of accounting. Investments are reflected at fair or contract value. Participant contributions are recorded when received by the Plan insurance company, custodians and trustee.

Use of Estimates

The preparation of the modified cash basis financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein and disclosure of contingent assets and liabilities. Significant items subject to such estimates and assumptions include the valuation of investments. Actual results may differ materially from management's estimates.

Payment of Benefits

Benefit payments are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as benefit payments.

Investment Valuation and Income Recognition

Investments are reflected at fair value, except for fully benefit-responsive investment contracts, which are reflected at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Notes 3 and 8 for discussion of contract value and fair value measurement, respectively. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the statement of changes in net assets the net appreciation in fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation of those investments.

Risk and Uncertainties

The Plan invests in investment securities that are exposed to various risks such as interest rate, market, and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in the financial markets. The extent of the impact on the Plan will depend on the duration and continued spread of the outbreak, including any further developments. Management has not yet determined the full financial impact of these events.

NOTE 3 - PLAN ASSETS

Participants in the Plan may elect to allocate their contributions among the TIAA Traditional Annuities, TIAA Real Estate Account, CREF Variable Annuities, TIAA-CREF Institutional Mutual Funds, and Fidelity and Vanguard Mutual Funds, or any combination thereof. The allocations may be in any whole number proportion, including full allocation to any annuity or account. The allocation of contributions may be changed by the participant at any time by notifying Fidelity.

TIAA Traditional investments are offered through the Retirement Annuity ("RA") and Group Supplemental Retirement Annuity ("GSRA") contracts. Contributions to the TIAA Traditional Annuities are used to purchase a guaranteed amount of future retirement benefits. TIAA provides annuities to participants, which are considered unallocated contracts. The TIAA Traditional Annuities are guaranteed annuities, which guarantee principal and pay a guaranteed minimum interest of 3% for December 31, 2021 and 2020. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. When declared, the additional amounts remain in effect for the declaration year that begins each March 1, and are not guaranteed for future years. Together the guaranteed minimum and additional amounts make up the crediting rate in the accumulation phase. TIAA groups premium dollars received over defined periods into vintages for the purposes of determining the crediting rate for the applicable declaration year during the accumulation period.

The TIAA Traditional Annuity holdings within the RA contracts have liquidity restrictions and are non-benefit responsive and, therefore, are reported at fair value. Distributions, withdrawals, and transfers out of these contracts can only be made in 10 annual installments through Transfer Payout Annuities. The TIAA Traditional Annuity holdings within the GSRA contracts contain no liquidity restrictions and are fully benefit responsive and, therefore, are reported at contract value. Certain events might limit the ability of the Plan to transact at contract value with the issuers. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Contributions to the TIAA Real Estate Account are placed in an insurance company pooled separate account, which invests in various real estate interests. Contributions to the CREF, TIAA-CREF, Vanguard or Fidelity Mutual Funds are used to purchase shares in various types of Mutual Funds, including stock, bond, and money market funds. Upon retirement, participants may elect to transfer the accumulations in their TIAA Real Estate, Equitable and CREF Variable Annuity accounts to TIAA Traditional Annuities. TIAA-CREF Institutional Mutual Funds and Fidelity and Vanguard Mutual Funds are not eligible to be annuitized by TIAA.

NOTE 4 - LOANS

Notes Receivable from Participants

Loans offered from Fidelity held funds are issued from participant's accounts. The minimum loan is $1,000 and the maximum is $50,000 or 50% of the participant's account balance, whichever is less. The maximum loan term is five years, or 10 years if the loan is for the purchase of a primary residence. The interest rate for all loans is the Reuters Prime Rate plus 1%, updated quarterly. Participants are charged a $75 one-time loan setup fee, and a maintenance fee of $6.25 per quarter on each loan. Loan fees are deducted from the

participant's account balance on a quarterly basis. As of December 31, 2021 and 2020, participants had $1,571,538 and $1,771,573 of outstanding loan balances, respectively, that carried interest rates of 4.25% - 6.50% for 2021 and 2020.

Plan Loans

Loans offered from TIAA are plan loans and are issued directly from funds owned by TIAA and not directly from a participant's account. The minimum loan is $1,000 and the maximum is $50,000 (or 45% of a participant's account balance whatever is less). Maximum term of loan is five years (10 years in connection with purchase of a primary residence). To secure a plan loan, a participant must transfer 110% of the requested loan into the TIAA Traditional Annuities to be held as collateral. TIAA sets the interest rate quarterly, which generally approximates the prevailing prime rate. Interest rates for the Plan loans ranged from 4.00% to 7.54% on December 31, 2021 and at December 31, 2020. For all plan loans, interest is paid directly to TIAA. TIAA does not charge any loan fees. As of December 31, 2021 and 2020, participants had $4,252,035 and $5,210,789, respectively, of plan loans with TIAA with $4,677,239 and $5,731,868, respectively, of plan assets designated as collateral for these loans. Were a plan loan to go into default, the collateral associated with the loan would not be distributed to TIAA unless the participant was otherwise eligible for a distribution.

NOTE 5 - INFORMATION CERTIFIED BY THE CUSTODIAN AND INSURANCE COMPANIES

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, as custodian, AXA Equitable and TIAA-CREF, per certification TIAA FSB is also a certifying entity insurance companies, and TIAA FSB, custodian for mutual funds that are managed by TIAA, have certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value and contract value, and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020;
- Net investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2021; and
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2021.

The Plan's independent certified accountants did not perform any auditing procedures with respect to information certified by the trustees, except for comparing such information to the related information included in the above named financial statements and supplemental schedule.

NOTE 6 - CONCENTRATION OF CREDIT RISK

Financial instruments that potentially subject the Plan to concentrations of credit risk consist primarily of investments. The Plan has offered plan participants the ability to direct investments to various investment accounts. Certain funds invest in debt instruments. The issuer's abilities to meet these obligations may be affected by economic developments in their respective industries.

NOTE 7 - PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain plan investments are shares of Mutual Funds, Registered Investment Companies, Institutional Mutual Funds, Variable Annuities, Traditional Annuities or the Pooled Separate Account managed by TIAA CREF, Equitable and Fidelity (as applicable), the insurance companies and custodian, respectively, as defined by the Plan and, therefore, these transactions qualify as party-in-interest and related party transactions. The transactions in Revenue Credit Account in the Plan, managed by TIAA CREF and Fidelity, are also party-in-interest and related party transactions.

NOTE 8 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2021 and 2020. There were no changes in the methodologies used as of December 31, 2021 or 2020.

Institutional Mutual Funds and Mutual Funds: Valued at the daily net asset value ("NAV") of shares held by the Plan. Because these funds are traded on an active exchange and are valued primarily on the basis of market quotations, official closing prices, or on the basis of information furnished by a pricing service, they are classified as Level 1.

Variable Annuities: The fair values of accumulation units held by the Plan in the CREF accounts (registered investment companies held as variable annuity accounts) are based on each account's daily NAV, which is considered by plan management to be the best approximation of fair value. CREF accounts are not exchange-traded. Data for NAVs are available daily to plan administrators and client investors on NASDAQ's website (Level 1) and provides sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts.

Insurance Company Pooled Separate Account: Valued at NAV of accumulation units held by the Plan at year end. NAV, calculated daily, is applied to daily purchase and sale transactions in addition to being used to value ending market values. Transfers out of this account are limited to once per quarter. These assets are classified as Level 2 because, while the funds have a quoted NAV, they are not publicly traded and have certain restrictions impacting participants' ability to transact.

TIAA Traditional Annuities: Valued at the amount that would be received at the reporting date if amounts were withdrawn or funds transferred within the Plan prior to maturity. A participant can only withdraw from the non-fully benefit responsive TIAA Traditional Annuities according to the predetermined installment plan. These assets are classified as Level 3 due to lack of observable transaction or similar investment instruments.

The following table sets forth by pricing observability level, the Plan's assets at fair value as of December 31, 2021:

	Assets at Fair Value as of December 31, 2021			
Investments	Level 1	Level 2	Level 3	Total
TIAA Traditional Annuity	$ -	$ -	$ 239,388,228	$ 239,388,228
Pooled Separate Account	-	43,274,751	-	43,274,751
Variable Annuities	433,270,895	-	-	433,270,895
Institutional Mutual Funds	267,934,571	-	-	267,934,571
Mutual Funds	489,442,729	-	-	489,442,729
Assets, at fair value	$1,190,648,195	$ 43,274,751	$ 239,388,228	$1,473,311,174

The following table sets forth by pricing observability level, the Plan's assets at fair value as of December 31, 2020:

	Assets at Fair Value as of December 31, 2020			
Investments	Level 1	Level 2	Level 3	Total
TIAA Traditional Annuity	$ -	$ -	$ 247,625,740	$ 247,625,740
Pooled Separate Account	-	37,658,511	-	37,658,511
Variable Annuities	392,033,244	-	-	392,033,244
Institutional Mutual Funds	231,957,795	-	-	231,957,795
Mutual Funds	408,742,312	-	-	408,742,312
Assets, at fair value	$1,032,733,351	$ 37,658,511	$ 247,625,740	$1,318,017,602

Purchases of Level 3 investments were $17,410,963 for the Plan year ended December 31, 2021. There were no transfers into or out of Level 3 during 2021 and 2020.

The following table presents information about the valuation techniques used by management utilizing information provided by TIAA to measure fair value, significant unobservable inputs, and the ranges of values for these 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:

Type	2021 Fair value	2020 Fair value	Valuation Technique	Significant Unobservable Inputs	Range
TIAA Traditional Annuity-RA	$ 239,388,228	$ 247,625,740	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	2021: 3.00% - 3.80% 2020: 3.00% - 4.45%

TIAA Traditional Annuity non-fully benefit responsive account balances are reported at contract value, which approximates fair value. Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate applied to contributions received during a reporting period, which may vary from the discretionary rate applied to account balances at the end of the prior reporting period.

NOTE 9 - TAX STATUS

It is the intention of the University that the Plan, as amended and restated, meets the requirements of ERISA and qualifies under Section 403(b) of the IRC, thereby exempting the Plan from federal income taxes. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator follows the authoritative guidance on accounting for and disclosure of uncertainty in tax positions. The Plan administrator has determined that there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2021 and 2020. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 29, 2022, which is the date the financial statements were available to be issued.

Effective on or after January 1, 2022, Section 6.5 is amended so that in no event will a participant be permitted to have more than three loans outstanding at any time and any participant with three or more loans as of January 1, 2022 shall be prohibited from taking a new loan until the number of outstanding loans is fewer than three.

The Plan is not aware of any other subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

The George Washington University Supplemental Retirement Plan

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

December 31, 2021

EIN #53-0196584, Plan #003

(a) Identity of Issuer	(b) Description	(c) Cost	(d) Current Value
Teachers' Insurance and Annuity Association**			
TIAA Traditional Annuity - GSRA	Unallocated Insurance Contract	*	$ 140,771,427
TIAA Traditional Annuity - RA	Unallocated Insurance Contract	*	239,388,228
TIAA Real Estate	Pooled Separate Account	*	43,274,751
College Retirement Equities Fund - Variable Annuities**			
CREF Stock R3	Registered Investment Companies	*	244,594,514
CREF Money Market R3	Registered Investment Companies	*	6,948,668
CREF Money Market R1	Registered Investment Companies	*	389
CREF Social Choice R3	Registered Investment Companies	*	16,464,921
CREF Bond Market R3	Registered Investment Companies	*	18,419,174
CREF Global Equities R3	Registered Investment Companies	*	43,426,964
CREF Growth R3	Registered Investment Companies	*	59,328,970
CREF Equity Index R3	Registered Investment Companies	*	30,524,686
CREF Inflation-Linked Bond R3	Registered Investment Companies	*	12,125,288
TIAA-CREF Institutional Mutual Funds Retirement Class and Mutual Fund**			
TIAA-CREF Bond Index-Inst	Registered Investment Companies	*	8,836,573
TIAA-CREF Bond Plus-Inst	Registered Investment Companies	*	4,564,451
TIAA-CREF Bond-Inst	Registered Investment Companies	*	6,471,035
TIAA-CREF Eq Index-Inst	Registered Investment Companies	*	20,195,703
TIAA-CREF Gr & Inc-Inst	Registered Investment Companies	*	4,036,663
TIAA-CREF High-Yield-Inst	Registered Investment Companies	*	5,554,908
TIAA-CREF Infl-Lnkd Bond-Inst	Registered Investment Companies	*	3,336,420
TIAA-CREF Intl Eq Idx-Inst	Registered Investment Companies	*	29,788,269
TIAA-CREF Lfcyle Rtmt Inc-Inst	Registered Investment Companies	*	27,044
TIAA-CREF Lg-Cap Gr Idx-Inst	Registered Investment Companies	*	11,606,341
TIAA-CREF Lg-Cap Gr-Inst	Registered Investment Companies	*	6,047,527
TIAA-CREF Lg-Cap Val Idx-Inst	Registered Investment Companies	*	15,727,725
TIAA-CREF Lg-Cap Val-Inst	Registered Investment Companies	*	4,114,854
TIAA-CREF Lifecycle 2010-Inst	Registered Investment Companies	*	2,512,348
TIAA-CREF Lifecycle 2015-Inst	Registered Investment Companies	*	3,889,360
TIAA-CREF Lifecycle 2020-Inst	Registered Investment Companies	*	7,112,718
TIAA-CREF Lifecycle 2025-Inst	Registered Investment Companies	*	10,400,720
TIAA-CREF Lifecycle 2030-Inst	Registered Investment Companies	*	8,083,853
TIAA-CREF Lifecycle 2035-Inst	Registered Investment Companies	*	10,819,708
TIAA-CREF Lifecycle 2040-Inst	Registered Investment Companies	*	12,543,971
TIAA-CREF Lifecycle 2045-Inst	Registered Investment Companies	*	6,439,952
TIAA-CREF Lifecycle 2050-Inst	Registered Investment Companies	*	4,568,777
TIAA-CREF Lifecycle 2055-Inst	Registered Investment Companies	*	1,783,438
TIAA-CREF Managed Alloc-Inst	Registered Investment Companies	*	243,207
TIAA-CREF Mid-Cap Gr-Inst	Registered Investment Companies	*	5,566,067
TIAA-CREF Money Market-Inst	Registered Investment Companies	*	2,845,918
TIAA-CREF Real Est Secs-Inst	Registered Investment Companies	*	10,000,161
TIAA-CREF S&P 500 Idx-Inst	Registered Investment Companies	*	17,677,036
TIAA-CREF Short-Term Bond-Inst	Registered Investment Companies	*	1,657,900
TIAA-CREF Sm-Cap Bl Idx-Inst	Registered Investment Companies	*	11,562,471
TIAA-CREF Qt Sml Cap Eq Inst	Registered Investment Companies	*	5,224,563
TIAA-CREF Social Ch Eq-Inst	Registered Investment Companies	*	18,126,318
American Cent MdCpVa Fd Cla R6	Registered Investment Companies	*	7,261,449
MFS Intl Diversification Cl R6	Registered Investment Companies	*	6,021,932
TIAA-CREF Lifecycle 2060-Inst	Registered Investment Companies	*	546,642
Fidelity Management Trust Company**			
VAN FTSE SOC IDX ADM	Registered Investment Companies	*	2,581,659
VANGUARD INTL VALUE	Registered Investment Companies	*	3,707,066
VANGUARD INST INDEX	Registered Investment Companies	*	28,483,960
VANG TOT STK MKT IS	Registered Investment Companies	*	12,282,203
VANG GNMA ADM	Registered Investment Companies	*	2,165,515
VANG HI YLD CORP ADM	Registered Investment Companies	*	1,767,144
VANG LT TREASURY ADM	Registered Investment Companies	*	1,896,103
VANG ST INV GR ADM	Registered Investment Companies	*	2,459,555
VANG GRTH & INC ADM	Registered Investment Companies	*	7,730,636
VANG INTL GROWTH ADM	Registered Investment Companies	*	11,429,498
VANG US GROWTH ADM	Registered Investment Companies	*	18,013,815
VANG WELLESLEY ADM	Registered Investment Companies	*	7,847,789
VANG WELLINGTON ADM	Registered Investment Companies	*	18,998,606
VAN REAL EST IDX ADM	Registered Investment Companies	*	4,503,906
VANG WINDSOR ADM	Registered Investment Companies	*	30,995,273
VANG INTM TREAS ADM	Registered Investment Companies	*	1,013,453
VANG LT INV GR ADM	Registered Investment Companies	*	2,554,297
VANG ST TREASURY ADM	Registered Investment Companies	*	630,814
VANG VMMR-FED MMKT	Registered Investment Companies	*	12,303,172
VANG TOT INTL STK AD	Registered Investment Companies	*	4,100,219
VANG ST INF PS IDX A	Registered Investment Companies	*	837,162
VANG INFL PROT ADM	Registered Investment Companies	*	1,108,096
FID GNMA	Registered Investment Companies	*	307,789
FID INVST GR BD	Registered Investment Companies	*	1,089,147

The George Washington University Supplemental Retirement Plan

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

December 31, 2021

EIN #53-0196584, Plan #003

(a) Identity of Issuer	(b) Description	(c) Cost	(d) Current Value
FID INTERMED BOND	Registered Investment Companies	*	$ 1,249,975
FIDELITY GOVT INCOME	Registered Investment Companies	*	704,334
FID ASSET MGR 50%	Registered Investment Companies	*	2,295,544
FID ASSET MGR 70%	Registered Investment Companies	*	1,010,487
FID ASSET MGR 20%	Registered Investment Companies	*	1,033,852
FID NEW MARKETS INC	Registered Investment Companies	*	397,087
FID ASSET MGR 85%	Registered Investment Companies	*	1,454,321
FID SM CAP DISCOVERY	Registered Investment Companies	*	6,436,716
FID SHORT TERM BOND	Registered Investment Companies	*	1,919,747
FID GOVT MMKT	Registered Investment Companies	*	5,740,643
FID REAL ESTATE INC	Registered Investment Companies	*	568,322
FID BALANCED K	Registered Investment Companies	*	6,300,975
FID BLUE CHIP GR K	Registered Investment Companies	*	16,742,111
FID CONTRAFUND K	Registered Investment Companies	*	21,142,756
FID EMERGING MKTS K	Registered Investment Companies	*	2,335,862
FID GROWTH CO K	Registered Investment Companies	*	30,527,698
FID LOW PRICED STK K	Registered Investment Companies	*	6,464,065
FID MAGELLAN K	Registered Investment Companies	*	11,220,798
FID MID CAP STOCK K	Registered Investment Companies	*	4,619,534
FID OTC K	Registered Investment Companies	*	12,081,913
FID OVERSEAS K	Registered Investment Companies	*	7,309,237
FID PURITAN K	Registered Investment Companies	*	3,171,331
FID US BOND IDX	Registered Investment Companies	*	4,071,193
FID 500 INDEX	Registered Investment Companies	*	19,924,911
FID INFL PR BD IDX	Registered Investment Companies	*	1,328,387
FID FREEDOM INC K	Registered Investment Companies	*	509,306
FID FREEDOM 2005 K	Registered Investment Companies	*	288,712
FID FREEDOM 2010 K	Registered Investment Companies	*	1,579,533
FID FREEDOM 2015 K	Registered Investment Companies	*	2,643,111
FID FREEDOM 2020 K	Registered Investment Companies	*	8,497,658
FID FREEDOM 2025 K	Registered Investment Companies	*	12,658,119
FID FREEDOM 2030 K	Registered Investment Companies	*	16,342,166
FID FREEDOM 2035 K	Registered Investment Companies	*	20,136,126
FID FREEDOM 2040 K	Registered Investment Companies	*	22,892,573
FID FREEDOM 2045 K	Registered Investment Companies	*	16,598,106
FID FREEDOM 2050 K	Registered Investment Companies	*	16,670,898
FID FREEDOM 2055 K	Registered Investment Companies	*	9,298,059
FID FREEDOM 2060 K	Registered Investment Companies	*	2,509,762
FID STRATEGIC INCOME	Registered Investment Companies	*	2,517,429
FID FREEDOM 2065 K	Registered Investment Companies	*	181,044
Participant Loans**	Interest Rates: 4.25% - 6.50% Maturities through 2031	*	1,571,538
AXA Equitable - Variable Annuities**			
AXA LARGE CAP VALUE MANAGED VOLATILITY	Registered Investment Companies	*	40,940
AXA INTERNATIONAL VALUE MANAGED VOL	Registered Investment Companies	*	94
EQ/EQUITY 500 INDEX	Registered Investment Companies	*	8,286
EQ/CAPITAL GUARDIAN RESEARCH	Registered Investment Companies	*	143,595
EQ/INTERNATIONAL EQUITY INDEX	Registered Investment Companies	*	13,690
AXA LARGE CAP GROWTH MANAGED VOLATILITY	Registered Investment Companies	*	22,303
EQ MONEY MARKET	Registered Investment Companies	*	89,053
CHARTER MULTI-SECTOR BOND	Registered Investment Companies	*	15,627
MULTIMANAGER TECHNOLOGY	Registered Investment Companies	*	11,578
EQ/INTERMEDIATE GOVERNMENT BOND	Registered Investment Companies	*	212,355
MULTIMANAGER AGGRESSIVE EQUITY	Registered Investment Companies	*	36,733
AXA MODERATE ALLOCATION PORTFOLIO	Registered Investment Companies	*	526,697
EQ/COMMON STOCK INDEX	Registered Investment Companies	*	316,370
Total assets (held at end of year)			$ 1,615,654,139

* Cost is omitted because it is not required for participant-directed accounts.

** Denotes a party-in-interest.

The George Washington University Supplemental Retirement Plan

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

December 31, 2021

EIN #53-0196584, Plan #003

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TIAA-CREF Lifecycle 2030-Inst	Registered Investment Companies	*	8,083,853
TIAA-CREF Lifecycle 2035-Inst	Registered Investment Companies	*	10,819,708
TIAA-CREF Lifecycle 2040-Inst	Registered Investment Companies	*	12,543,971
TIAA-CREF Lifecycle 2045-Inst	Registered Investment Companies	*	6,439,952
TIAA-CREF Lifecycle 2050-Inst	Registered Investment Companies	*	4,568,777
TIAA-CREF Lifecycle 2055-Inst	Registered Investment Companies	*	1,783,438
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The George Washington University Supplemental Retirement Plan

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

December 31, 2021

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MULTIMANAGER AGGRESSIVE EQUITY	Registered Investment Companies	*	36,733
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EQ/COMMON STOCK INDEX	Registered Investment Companies	*	316,370
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