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
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(B) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1948

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)
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

106 NEW SCOTLAND AVENUE
ALBANY, NY 12208

2b Employer Identification Number (EIN) 14-1423161

2c Plan Sponsor's telephone number 518-694-7200

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.	10/12/2022	MICHELE VIEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	SUSAN KARAVOLAS
	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**	697
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)**	330
a(2) Total number of active participants at the end of the plan year	**6a(2)**	309
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	381
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	690
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	691
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	612
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M 2T

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
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

D Employer Identification Number (EIN)
14-1423161

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	500212	397	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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	18247696
5	Current value of plan's interest under this contract in separate accounts at year end	5	37893767

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 333682

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	18050470
c	Additions: (1) Contributions deposited during the year	7c(1)	104410		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	601620		
	(4) Transferred from separate account	7c(4)	3765531		
	(5) Other (specify below)	7c(5)	42537		
	▶ PLAN SERVICE CREDIT/LOAN REPAY/INTEREST				
	(6)Total additions			7c(6)	4514098
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	22564568
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	455021		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	3839033		
	(4) Other (specify below)	7e(4)	22818		
	▶ PLAN FEES				
	(5) Total deductions			7e(5)	4316872
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	18247696

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
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

D Employer Identification Number (EIN)
14-1423161

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

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

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	45384	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

UHY LLP

4 TOWER PLACE, FLOOR 7TH
ALBANY, NY 12203

20-0694403

(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	14800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREENBUSH FINANCIAL GROUP, LLC

75 TROY ROAD
EAST GREENBUS, NY 12061-1310

14-1821559

(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	ADVISOR	8000	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
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

D Employer Identification Number (EIN)
14-1423161

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	3716197

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
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

D Employer Identification Number (EIN)
14-1423161

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)	45469	64474
(2) Participant contributions	1b(2)	57680	51852
(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)	150814	166887
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3122488	3716197
(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)	60862700	71671106
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	18050470	18247696
(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	82289621	93918212
	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	82289621	93918212

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)	1391343	
	(B) Participants	2a(1)(B)	1429890	
	(C) Others (including rollovers)	2a(1)(C)	605098	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3426331
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)	9820	
	(F) Other	2b(1)(F)	601620	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		611440
	(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)	1512923	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1512923
	(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)		562609
(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)		8136061
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		14249364
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2552589	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2552589
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)	68184	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		68184
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2620773
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11628591
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: UHY LLP **(2)** EIN: 20-0694403

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		500000
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
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(B) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

D Employer Identification Number (EIN)
14-1423161

Part I Distributions

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

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

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

EIN(s): 82-2826183

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 _____

ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(b) PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE

As of December 31, 2021 and 2020 and
For the Year ended December 31, 2021

ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(b) PLAN

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Other schedules required by 29 CFR 2520.103.10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

UHY LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Albany College of Pharmacy and Health Sciences 403(b) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Albany College of Pharmacy and Health Sciences 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits 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 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section –

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Albany College of Pharmacy and Health Sciences 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Albany College of Pharmacy and Health Sciences 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Albany College of Pharmacy and Health Sciences 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Albany College of Pharmacy and Health Sciences 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i – 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Albany College of Pharmacy and Health Sciences 403(b) 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 September 23, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

UHY LLP

Albany, New York
October 4, 2022

ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2021	**2020**
ASSETS		
Investments, at fair value		
Fixed annuity contracts, non benefit responsive	**$ 12,496,923**	$ 12,359,583
Pooled separate account	**3,716,197**	3,122,488
Registered investment companies	**71,671,106**	60,862,700
	87,884,226	76,344,771
Investments, at contract value		
Fixed annuity contracts, benefit responsive	**5,750,773**	5,690,887
	5,750,773	5,690,887
Receivables		
Employer contributions	**64,474**	45,469
Participant contributions	**51,852**	57,680
Notes receivable from participants	**166,887**	150,814
	283,213	253,963
NET ASSETS AVAILABLE FOR BENEFITS	**$ 93,918,212**	$ 82,289,621

See accompanying notes to financial statements.

ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2021
Additions	
Investment income	
Interest, dividends and other	**$ 2,124,603**
Net appreciation in fair value of investments	**8,698,430**
	10,823,033
Contributions	
Employer	**1,391,343**
Participant	**1,429,890**
Rollover and other	**605,098**
	3,426,331
Total additions	**14,249,364**
Deductions	
Benefits paid to participants	**2,552,589**
Administrative expenses	**68,184**
Total deductions	**2,620,773**
Net increase	**11,628,591**
Net assets available for benefits	
Beginning of year	**82,289,621**
End of year	**$ 93,918,212**

See accompanying notes to financial statements.

NOTE 1 — DESCRIPTION OF THE PLAN

The following description of the Albany College of Pharmacy and Health Sciences 403(b) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Albany College of Pharmacy and Health Sciences 403(b) Plan was adopted January 1, 1948. The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code. The Plan covers substantially all non-student employees of Albany College of Pharmacy and Health Sciences (the "College") who have met certain age and length of service requirements as described below. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Teachers Insurance and Annuity Association (TIAA) is the Plan's recordkeeper, and together with College Retirement Equities Fund (CREF) (collectively "TIAA") is the insurance company issuer of the annuity contracts to the Plan.

Eligibility

All salaried and hourly non-student employees over the age of 21 become eligible to join the Plan and make participant contributions as defined below immediately upon employment.

All salaried and hourly non-student employees over the age of 21 become eligible for the employer contributions as defined below when they reach one year of service with at least 1,000 hours of service. New employees with existing TIAA contracts are eligible for employer contributions immediately upon employment.

Contributions

Each eligible employee, as defined above, can elect to make salary deferral contributions into the Plan up to 100% of their eligible compensation subject to certain limitations under the Internal Revenue Code (IRC). Participants who are projected to be age 50 or older by the end of the calendar year are eligible to make catch-up contributions up to the dollar amount permissible under the IRS. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). Participants direct the investment of contributions into various investment options offered by the Plan.

The College also makes an employer contribution for each employee eligible for the employer contribution, as defined above, equal to 6% of eligible compensation. Effective July 1, 2021, employees who are qualifying contributing participants are eligible for employer matching contributions. The College makes a contribution equal to 100% of the eligible participant's deferrals that do not exceed 4% of eligible compensation.

Participant Accounts

Each participant's account is credited with the participant's and employer contributions and optional participant rollovers, if any, plus allocations of Plan earnings (losses) and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is based on a participant's vested account.

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

NOTE 1 — DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits

Benefits are distributed in a lump sum, installment, ad-hoc or periodic annuity payment and are based on normal retirement date, disability, death or termination of employment of the participant. Participants may also request an in-service withdrawal after age 59½ or hardship withdrawals upon meeting certain requirements as outlined by the Internal Revenue Service (IRS).

Loans to Participants – Plan Loans

Plan loans are available to participants through TIAA, subject to certain limitations. Plan loans are issued directly from funds owned by TIAA and loan proceeds are not removed from a participant's account balance. However, a portion of participant's TIAA Traditional Annuity account balance is reserved, or held in collateral, to cover the outstanding loan amount for the period of time the loan is outstanding.

For active loans, investments equal to 110% of the outstanding loan amount are reflected in the statements of net assets available for benefits and serve as collateral for the loan. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distribution event occurs.

At December 31, 2021 and 2020, participants had outstanding Plan loan balances due to TIAA of approximately $96,000 and $167,000, respectively. There were no outstanding Plan loans due to TIAA in default status as of December 31, 2021 and 2020.

Loans to Participants – Participant Loans

Participants may borrow from their accounts a minimum amount of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the present value of the participant’s vested accrued benefit, or 45% of the TIAA and CREF employee accumulations. The interest rate will be fixed for the duration of the loan. A one-time origination fee will be issued at the time of the loan and an annual maintenance fee will be issued each year the loan is outstanding. These loans generally have repayment terms not to exceed five years and participants can have a maximum of three outstanding loans at one time.

Loan amounts are deducted from Plan accumulations and reflected in the statements of net assets available for benefits as notes receivable from participants. Loan payments are credited to participant accounts as received.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

NOTE 2 — SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value, other than benefit responsive investments. Net appreciation or depreciation in the fair value of investments includes the realized gains and losses on investments bought and sold as well as unrealized gains and losses on investments held during the year. Purchases and sales of securities are reported on a trade date basis. Interest earned on investments is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Fixed annuity contracts are TIAA Traditional Annuity contracts (TIAA Traditional Annuity) that are unallocated fixed annuity contracts that are fully and unconditionally guaranteed by TIAA. TIAA Traditional Annuity within liquid contracts are benefit responsive. TIAA Traditional Annuity within illiquid contracts are non-benefit responsive. TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest (generally 3%, but in some contracts between 1% and 3%) and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the “declaration year,” which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant’s account purchases a guaranteed amount of lifetime annuity income. When a participant’s account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance.

TIAA Traditional Annuity, Benefit Responsive is valued at contract value. Because the annuity is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the annuity.

TIAA Traditional Annuity, Non Benefit Responsive is reported at contract value, which approximates fair value.

The fair value of the pooled separate account and registered investment companies are equal to the net asset value reported by the funds of the shares or units held.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative expenses except certain direct fees and those relating to the investment transactions are paid by the College. Expenses relative to the investment transactions are netted against investment income when reported by TIAA.

Subsequent Events

The Plan has evaluated subsequent events through October 4, 2022, the date the financial statements were available for issuance.

NOTE 3 — INFORMATION CERTIFIED BY TIAA AND CREF

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA and CREF, as the insurance companies of the Plan, have certified to the completeness and accuracy of information included in the financial statements and supplemental schedule as of and for the year ended December 31 as follows:

	2021	2020
Investments, at fair value:		
Fixed annuity contracts, non benefit responsive	$ 12,496,923	$ 12,359,583
Pooled separate account	$ 3,716,197	$ 3,122,488
Registered investment companies	$ 71,671,106	$ 60,862,700
Investments, at contract value:		
Fixed annuity contracts, benefit responsive	$ 5,750,773	$ 5,690,887
Interest, dividends and other	$ 2,124,603	
Net appreciation in fair value of investments	$ 8,698,430	

NOTE 4 — FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 – inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access;
- Level 2 – inputs include: quoted prices for similar assets in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted prices that are observable for the asset and; inputs derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified contractual term, the level 2 input must be observable for substantially the full term of the asset.
- Level 3 – inputs are unobservable and cannot be corroborated by observable market data.

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

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Fixed Annuity Contracts, Non Benefit Responsive: Reported at contract value, which approximates fair value. The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions and interest credited to the Plan's contracts, and transfers, less any withdrawals and transfers. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange, accordingly, transactions in similar investment instruments are not observable.

NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)

Pooled Separate Account: The pooled separate account investments are valued daily at the net asset value of the units held and is comprised of investments in the TIAA Real Estate Account (REA), an insurance company separate account, of TIAA investing mainly in real estate and real estate-related investments. This is a variable annuity. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. The TIAA general account provides the REA with a liquidity guarantee. Units in the REA are available for transactions daily at the closing net asset value. Transfers out of the REA are limited to one per calendar quarter.

Registered Investment Companies: Registered investment companies investments are valued daily at the net asset value of the shares or units held.

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

The following represents the Plan's assets measured at fair value and the level within the fair value hierarchy in which the fair value measurements fell, at December 31:

	December 31, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 71,671,106	$ -	$ -	$ 71,671,106
Pooled separate account	3,716,197	-	-	3,716,197
Fixed annuity contracts, non-benefit responsive	-	-	12,496,923	12,496,923
Total investments at fair value	$ 75,387,303	$ -	$ 12,496,923	$ 87,884,226

	December 31, 2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 60,862,700	$ -	$ -	$ 60,862,700
Pooled separate account	3,122,488	-	-	3,122,488
Fixed annuity contracts, non-benefit responsive	-	-	12,359,583	12,359,583
Total investments at fair value	$ 63,985,188	$ -	$ 12,359,583	$ 76,344,771

There were no transfers into or out of level 3 investments for the years ended December 31, 2021 and 2020. Purchases of level 3 investments were approximately $3,095,000 and $1,179,000 the years ended December 31, 2021 and 2020, respectively.

NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)

Quantitative Information Regarding Level 3 Fair Value Measurements

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the fair value hierarchy at December 31:

December 31, 2021				
Type	**Fair value**	**Valuation technique**	**Significant unobservable inputs**	**Range**
TIAA Traditional Annuity - Non Benefit Responsive	$ 12,496,923	Discounted cash flow	Risk-adjusted discount rate applied	RC- 2.75% - 3.90% RA- 3.00% - 3.80%

December 31, 2020				
Type	**Fair value**	**Valuation technique**	**Significant unobservable inputs**	**Range**
TIAA Traditional Annuity - Non Benefit Responsive	$ 12,359,583	Discounted cash flow	Risk-adjusted discount rate applied	RC- 2.50% - 4.40% RA- 3.00% - 4.45%

The College has a process in place to review fair value estimates which are certified by the insurance company.

NOTE 5 — TAX STATUS

The Plan has adopted the volume submitter 403(b) plan sponsored by TIAA, with the latest opinion letter dated August 7, 2017, in which the IRS stated that the plan, as then designed, was in compliance with the applicable requirements of the IRC and therefore, the Plan is exempt from federal income tax under Section 403(b) of the Code. To maintain its qualification, the Plan is required to operate in conformity with the IRC. Although the Plan has been amended since receiving the advisory opinion, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, however there are currently no audits for any tax periods in progress.

NOTE 6 — PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by TIAA. TIAA is the Plan's record keeper and insurance company which holds plan assets and executes investment transactions and is the issuer of the annuity contracts of the Plan and, therefore, these transactions qualify as party-in-interest transactions, which are exempt from prohibited transaction rules.

NOTE 7 — PLAN TERMINATION

Although it has not expressed any intent to do so, the College has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

NOTE 8 — RISKS AND UNCERTAINTIES / COVID-19

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

On March 27, 2020, the President of the United States signed into law the Coronavirus Aid, Relief, and Economic Security Act (“CARES” Act), which included provisions that impacted retirement plan rules for calendar year 2020 including the options to take Coronavirus-related distributions, suspend loan payments, increase new loan limits and delay required minimum distributions. The Plan elected to adopt the temporary provisions of the CARES Act and the required amendments were adopted in accordance with applicable law and IRS guidance.

SUPPLEMENTAL SCHEDULE

ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(b) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN #14-1423161, Plan No. 001
December 31, 2021

[a]	[b]	[c]	[d]	[e]	
	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value	
	FIXED ANNUITY CONTRACTS				
*	TIAA Traditional Benefit Responsive	Benefit responsive contract	**	$ 3,672,945	***
*	TIAA Traditional Non Benefit Responsive	Non-benefit responsive contract	**	11,392,677	
*	TIAA Traditional Benefit Responsive 2	Benefit responsive contract	**	2,062,432	***
*	TIAA Traditional Non Benefit Responsive 2	Non-benefit responsive contract	**	1,104,246	
*	TIAA Plan Loan Default Fund	Benefit responsive contract	**	15,396	***
				18,247,696	
	POOLED SEPARATE ACCOUNTS:				
*	Teachers Insurance Annuity Association - Real Estate Account	Variable annuity account	**	3,716,197	
	REGISTERED INVESTMENT COMPANIES:				
*	College Retirement Equities Fund Stock R2	Mutual Fund	**	12,998,635	
*	College Retirement Equities Fund Money Market R2	Mutual Fund	**	1,383,967	
*	College Retirement Equities Fund Social Choice R2	Mutual Fund	**	1,643,427	
*	College Retirement Equities Fund Bond Market R2	Mutual Fund	**	1,300,838	
*	College Retirement Equities Fund Global Equities R2	Mutual Fund	**	2,793,081	
*	College Retirement Equities Fund Growth R2	Mutual Fund	**	4,028,514	
*	College Retirement Equities Fund Equity Index R2	Mutual Fund	**	2,692,925	
*	College Retirement Equities Fund Inflation-Linked Bond R2	Mutual Fund	**	828,930	
*	Teachers Insurance Annuity Association Access Lifecycle 2020 T3	Mutual Fund	**	60,795	
*	Teachers Insurance Annuity Association Access Lifecycle 2025 T3	Mutual Fund	**	434,116	
*	Teachers Insurance Annuity Association Access Lifecycle 2030 T3	Mutual Fund	**	92,141	
*	Teachers Insurance Annuity Association Access Lifecycle 2035 T3	Mutual Fund	**	178,621	
*	Teachers Insurance Annuity Association Access Lifecycle 2040 T3	Mutual Fund	**	33,455	
*	Teachers Insurance Annuity Association Access Lifecycle 2045 T3	Mutual Fund	**	259,102	
*	Teachers Insurance Annuity Association Access Lifecycle 2050 T3	Mutual Fund	**	96,442	
*	Teachers Insurance Annuity Association Access TRP Inst LC Gr T3	Mutual Fund	**	180,575	
*	Teachers Insurance Annuity Association Access WAM Core Pl Bd T3	Mutual Fund	**	258,694	
*	Teachers Insurance Annuity Association Access Bond Plus T3	Mutual Fund	**	328,769	
*	Teachers Insurance Annuity Association Access Equity Index T3	Mutual Fund	**	33,110	
*	Teachers Insurance Annuity Association Access Growth & Income T3	Mutual Fund	**	90,022	
*	Teachers Insurance Annuity Association Access High-Yield T3	Mutual Fund	**	173,597	
*	Teachers Insurance Annuity Association Access Intl Equity Idx T3	Mutual Fund	**	928,387	
*	Teachers Insurance Annuity Association Access Intl Equity T3	Mutual Fund	**	89,249	
*	Teachers Insurance Annuity Association Access Lg-Cap Val Idx T3	Mutual Fund	**	376,903	
*	Teachers Insurance Annuity Association Access Lg-Cap Gr T3	Mutual Fund	**	77,448	
*	Teachers Insurance Annuity Association Access Lg-Cap Gr Idx T3	Mutual Fund	**	177,264	
*	Teachers Insurance Annuity Association Access Lg-Cap Val T3	Mutual Fund	**	231,962	
*	Teachers Insurance Annuity Association Access Mid-Cap Gr T3	Mutual Fund	**	426,724	
*	Teachers Insurance Annuity Association Access Mid-Cap Val T3	Mutual Fund	**	330,334	
*	Teachers Insurance Annuity Association Access Real Est Secs T3	Mutual Fund	**	385,767	
*	Teachers Insurance Annuity Association Access S&P 500 Index T3	Mutual Fund	**	152,168	
*	Teachers Insurance Annuity Association Access Short-Term Bond T3	Mutual Fund	**	181,540	
*	Teachers Insurance Annuity Association Access Sm-Cap BI Idx T3	Mutual Fund	**	449,010	
*	Teachers Insurance Annuity Association Access Sm-Cap Equity T3	Mutual Fund	**	153,938	
*	Teachers Insurance Annuity Association Access Social Ch Eq T3	Mutual Fund	**	327,121	
*	TIAA-CREF High-Yield-Inst	Mutual Fund	**	263,886	
*	TIAA-CREF Real Est Secs-Inst	Mutual Fund	**	464,288	
*	TIAA-CREF S&P 500 Idx-Inst	Mutual Fund	**	3,522,602	
	T. Rowe Price Retirement I Balanced Fund I	Mutual Fund	**	10,300	
	T. Rowe Price Retirement I 2005 Fund I	Mutual Fund	**	42,707	
	T. Rowe Price Retirement I 2010 Fund I	Mutual Fund	**	167,476	
	T. Rowe Price Retirement I 2015 Fund I	Mutual Fund	**	1,833,443	
	T. Rowe Price Retirement I 2020 Fund I	Mutual Fund	**	2,329,418	
	T. Rowe Price Retirement I 2025 Fund I	Mutual Fund	**	3,112,939	

ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES 403(b) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
EIN #14-1423161, Plan No. 001
December 31, 2021

[a]	[b]	[c]	[d]	[e]
	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
	T. Rowe Price Retirement I 2030 Fund I	Mutual Fund	**	2,565,314
	T. Rowe Price Retirement I 2035 Fund I	Mutual Fund	**	3,827,460
	T. Rowe Price Retirement I 2040 Fund I	Mutual Fund	**	4,632,969
	T. Rowe Price Retirement I 2045 Fund I	Mutual Fund	**	2,720,400
	T. Rowe Price Retirement I 2050 Fund I	Mutual Fund	**	2,157,666
	T. Rowe Price Retirement I 2055 Fund I	Mutual Fund	**	1,507,985
	American Beacon SmlCap Val Inst	Mutual Fund	**	223,187
	Am Century Mid Cap Value Fund Class R6	Mutual Fund	**	686,829
	AF AMCAP Fund R6	Mutual Fund	**	277,736
	AF American Balanced Fund R6	Mutual Fund	**	1,095,418
	American Capital World Bond R6	Mutual Fund	**	16,406
	AF EuroPacific Growth Fund R6	Mutual Fund	**	674,324
	AF Fundamental Investors R6	Mutual Fund	**	228,167
	AF Growth Fund of America R6	Mutual Fund	**	646,015
	American Funds Intl Grw Inc R6	Mutual Fund	**	434,513
	Loomis Sayles Core Plus Bd N	Mutual Fund	**	756,492
	MFS Value Fund Class R6	Mutual Fund	**	473,068
	MFS International Growth Cl R6	Mutual Fund	**	614,663
	Neuberger Berman Genesis R6	Mutual Fund	**	243,078
	PIMCO GNMA & Gov Secur Instl	Mutual Fund	**	135,374
	PIMCO Low Duration Instl	Mutual Fund	**	193,216
	PIMCO Real Return Inst Class	Mutual Fund	**	224,638
	Vanguard Small-Cap Idx Adm	Mutual Fund	**	600,107
	Vanguard Mid-Cap Idx Adm	Mutual Fund	**	412,581
	Invesco Developing Markets R6	Mutual Fund		398,870
				93,634,999
	Notes receivable from participants	Interest rates from 4.25% to 6.50%	-	166,887
				$ 93,801,886

**Represents a party-in-interest as defined by ERISA.*

***All investments are participant directed and accordingly, investment cost information has been omitted.*

****Stated at contract value.*

Information on this schedule has been certified as complete and accurate by Teachers Insurance Annuity Association-College Retirement Equities Fund, as the insurance companies of the Plan and as agent of TIAA Trust Company, FSB, a custodian of the Plan.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Albany College of Pharmacy and Health Sciences 403(b) Plan

Employer Identification Number:► 14-1423161

For plan year (beginning/ending):► 1/1/2021 to 12/31/2021 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		$ 3,672,945.36
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		$ 11,392,676.61
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		$ 2,062,431.71
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive 2		$ 1,104,246.09
*	College Retirement Equities Fund variable annuities	Plan Loan Default Fund		$ 15,396.10
*	College Retirement Equities Fund variable annuities	CREF Stock R2		$ 12,998,634.94
*	College Retirement Equities Fund variable annuities	CREF Money Market R2		$ 1,383,966.71
*	College Retirement Equities Fund variable annuities	CREF Social Choice R2		$ 1,643,427.09
*	College Retirement Equities Fund variable annuities	CREF Bond Market R2		$ 1,300,838.28
*	College Retirement Equities Fund variable annuities	CREF Global Equities R2		$ 2,793,081.02
*	College Retirement Equities Fund variable annuities	CREF Growth R2		$ 4,028,514.34
*	College Retirement Equities Fund variable annuities	CREF Equity Index R2		$ 2,692,924.60
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R2		$ 828,930.63
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		$ 3,716,196.59
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond Plus T3		$ 328,768.62
*	College Retirement Equities Fund variable annuities	TIAA Access Equity Index T3		$ 33,109.77
*	College Retirement Equities Fund variable annuities	TIAA Access Growth & Income T3		$ 90,021.91
*	College Retirement Equities Fund variable annuities	TIAA Access High-Yield T3		$ 173,596.72
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity Idx T3		$ 928,386.47
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity T3		$ 89,249.22
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Gr Idx T3		$ 177,263.71
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Gr T3		$ 77,447.62
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val Idx T3		$ 376,903.57
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val T3		$ 231,962.44
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2020 T3		$ 60,794.86
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2025 T3		$ 434,115.81
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2030 T3		$ 92,140.66
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2035 T3		$ 178,621.06
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2040 T3		$ 33,455.26
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2045 T3		$ 259,102.11
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2050 T3		$ 96,441.73
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Gr T3		$ 426,724.26
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Val T3		$ 330,334.53
*	College Retirement Equities Fund variable annuities	TIAA Access Real Est Secs T3		$ 385,767.31
*	College Retirement Equities Fund variable annuities	TIAA Access S&P 500 Index T3		$ 152,167.93
*	College Retirement Equities Fund variable annuities	TIAA Access Short-Term Bond T3		$ 181,540.26
*	College Retirement Equities Fund variable annuities	TIAA Access Sm-Cap Bl Idx T3		$ 449,009.71
*	College Retirement Equities Fund variable annuities	TIAA Access Quant Sml Cp Eq T3		$ 153,937.70
*	College Retirement Equities Fund variable annuities	TIAA Access Social Ch Eq T3		$ 327,121.40
*	College Retirement Equities Fund variable annuities	TIAA Access TRP Lg Cp Gr I T3		$ 180,574.73
*	College Retirement Equities Fund variable annuities	TIAA Access-WAM Core Pl Bd T3		$ 258,693.91
*	College Retirement Equities Fund variable annuities	TIAA-CREF High-Yield-Inst		$ 263,885.83
*	College Retirement Equities Fund variable annuities	TIAA-CREF Real Est Secs-Inst		$ 464,288.41
*	College Retirement Equities Fund variable annuities	TIAA-CREF S&P 500 Idx-Inst		$ 3,522,602.25
	College Retirement Equities Fund variable annuities	American EuroPac Growth R6		$ 674,324.06
	College Retirement Equities Fund variable annuities	American Funds Balanced Fd R6		$ 1,095,418.49
	College Retirement Equities Fund variable annuities	American Fd Fundamental Inv R6		$ 228,166.80
	College Retirement Equities Fund variable annuities	American Growth of America R6		$ 646,015.33
	College Retirement Equities Fund variable annuities	PIMCO Low Duration Instl		$ 193,215.56
	College Retirement Equities Fund variable annuities	PIMCO Real Return Inst Class		$ 224,637.71
	College Retirement Equities Fund variable annuities	Vanguard Small-Cap Idx Adm		$ 600,106.93
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Idx Adm		$ 412,581.20
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2005 I		$ 42,707.11
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2010 I		$ 167,475.61
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2015 I		$ 1,833,442.89
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2020 I		$ 2,329,417.81
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2025 I		$ 3,112,938.87
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2030 I		$ 2,565,314.52
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2035 I		$ 3,827,459.98
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2040 I		$ 4,632,968.69
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2045 I		$ 2,720,400.03
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2050 I		$ 2,157,666.12
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I 2055 I		$ 1,507,984.72
	College Retirement Equities Fund variable annuities	T. Rowe Price Rtmt I Balance I		$ 10,299.62
	College Retirement Equities Fund variable annuities	American Beacon Sm Cp Val R5		$ 223,187.27
	College Retirement Equities Fund variable annuities	American Cent MdCpVa Fd Cla R6		$ 686,829.39
	College Retirement Equities Fund variable annuities	American Funds AMCAP Fund R6		$ 277,735.82
	College Retirement Equities Fund variable annuities	AME Capital World Bd Fd Cl R6		$ 16,406.36
	College Retirement Equities Fund variable annuities	AME Intl Grow and Inc Fd Cl R6		$ 434,512.61
	College Retirement Equities Fund variable annuities	Loomis Sayles Core Plus Bond N		$ 756,492.00
	College Retirement Equities Fund variable annuities	MFS International Growth Cl R6		$ 614,662.51
	College Retirement Equities Fund variable annuities	MFS Value Fund Class R6		$ 473,068.45
	College Retirement Equities Fund variable annuities	Neuberger Berman Genesis R6		$ 243,078.46
	College Retirement Equities Fund variable annuities	Invesco Developing Markets R6		$ 398,870.37
	College Retirement Equities Fund variable annuities	PIMCO GNMA & Gov Secur Instl		$ 135,373.65
	College Retirement Equities Fund variable annuities	Participant Loan Fund		$ 166,886.82
	Total			$ 93,801,886