

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
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☒ 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:	☒ 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	<u>ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION</u>		1b Three-digit plan number (PN) ▶	<u>003</u>
			1c Effective date of plan	<u>07/01/1965</u>
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)	<u>ST. JOHN'S UNIVERSITY</u> <u>8000 UTOPIA PARKWRAY</u> <u>JAMAICA, NY 11439</u>		2b Employer Identification Number (EIN)	<u>11-1630830</u>
			2c Plan Sponsor's telephone number	<u>718-990-2941</u>
			2d Business code (see instructions)	<u>611000</u>

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	KEATON WONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor EXECUTIVE DIRECTOR, COMPENSATION AND EMPLOYEE BENEFITS ST. JOHN'S UNIVERSITY 8000 UTOPIA PARKWAY JAMAICA, NY 11439		3b Administrator's EIN 11-1630830	
		3c Administrator's telephone number 718-990-2941	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	5663
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)	3684
a(2) Total number of active participants at the end of the plan year		6a(2)	3350
b Retired or separated participants receiving benefits.....		6b	6
c Other retired or separated participants entitled to future benefits		6c	2199
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	5555
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	141
f Total. Add lines 6d and 6e		6f	5696
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4112
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2R 2S 2T			
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION	B Three-digit plan number (PN) ▶ 003	
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830	

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

(a) Name of insurance carrier METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1095345	51	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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	908210
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	5265240

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP DEFERRED ANNUITIES**

b	Balance at the end of the previous year	7b	738730
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	24041	
	(4) Transferred from separate account.....	7c(4)	157969	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	182010
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	920740
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12530	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	12530
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	908210
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830	

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	25955-072	51	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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	14908
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ MGA**b** Balance at the end of the previous year**7b**

31403

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

851

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

851

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

32254

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

2319

(4) Other (specify below)

7e(4)

15027

▶ WITHDRAWAL AND FEES

(5) Total deductions

7e(5)

17346

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

14908

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830	

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	25955-073	0	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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	(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** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ MGA**b** Balance at the end of the previous year **7b** 293**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 7
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)**(6) Total additions **7c(6)** 7**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 300**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)** 300

▶ WITHDRAWAL

(5) Total deductions **7e(5)** 300**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830	

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	101996	2707	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	393676308
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	440554757

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	400516141
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c	Additions: (1) Contributions deposited during the year	7c(1)	7414746	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	13610514	
	(4) Transferred from separate account.....	7c(4)	36983112	
	(5) Other (specify below)	7c(5)	-79109	

▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS

(6) Total additions	7c(6)	57929263
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	458445404
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	26264437	
	(2) Administration charge made by carrier.....	7e(2)	85283	
	(3) Transferred to separate account.....	7e(3)	38395949	
	(4) Other (specify below)	7e(4)	23427	

▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS

(5) Total deductions	7e(5)	64769096
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	393676308
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830	

Part I	Service Provider Information (see instructions)
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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)..... ☒ 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
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	169909	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIDUCIENT ADVISORS, LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	55344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FIDELITY INV INST OPERATIONS CO INC

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 64 65 71	NONE	6940	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J H DEV WORLD BOND I -JANUS SERVICE 43-1804048	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MET POLICY CREDIT 1 FINANCIAL CTR STE 20 BOSTON, MA 02111	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METLIFE FIXED-OLD 1 FINANCIAL CTR STE 20 BOSTON, MA 02111	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METLIFE FIXED-OLD 1 FINANCIAL CTR STE 20 BOSTON, MA 02111	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP EQUITY INCOME - T. ROWE PRICE SE 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG YACKTMANFOCUSED N 600 STEAMBOAT ROAD SUITE 300 GREENWICH, CT 06830	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AQR LARGE CAPDEFENSIVE STYLE CL 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON PARTNERS FUND 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON FINTECH FUNDINSTL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GLOBALADVANTAGE FD RETAIL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON SMALLCAP STOCK INDEX INV 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA COMMODITY STRATEGY FUND CL 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DRIEHAUS SMALL CAP GROWTH INVESTOR 25 EAST ERIE STREET CHICAGO, IL 60611	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARAMETRIC COMMODITYSTRATEGIC INST TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GLENMEDE SMALL CAP EQUITY ADVISOR 1650 MARKET ST. SUITE 1200 PHILADELPHIA, PA 19103	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN LARGE CAPGROWTH CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT DEVELOPGROWTH CLASS A 90 HUDSON STREET 10TH FLOOR JERSEY CITY, NJ 07302	0.45%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEW 25 P.O. BOX 2479 JENKINTOWN, PA 19046	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSIGHT A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE GILEAD FUND CLASS N 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN NEWPERSPECTIVE CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBALSTOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE SCIENCE&TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TIAA CREF REAL ESTATE SEC INSTL 730 THIRD AVENUE NEW YORK, NY 10017	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV INST OPERATIONS CO INC	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THRIVENT SMALL CAP STOCK FUND CL S 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:	KPMG LLP	b EIN:	13-5565207
c Position:	AUDITOR		
d Address:	345 PARK AVENUE NEW YORK, NY 10154-0102	e Telephone:	212-758-9700

Explanation: ST. JOHN'S UNIVERSITY HAD TO CHANGE AUDITORS BECAUSE KPMG STOPPED PERFORMING 403(B) PLAN AUDITS BEGINNING WITH CY2021.

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 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
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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
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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
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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
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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
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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

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
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. JOHN'S UNIVERSITY</u>	D Employer Identification Number (EIN) <u>11-1630830</u>	

Part I	Asset and Liability Statement
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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)	480781	499154
(2) Participant contributions.....	1b(2)	535696	536333
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13115747	8991051
(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)	883438	860025
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	47585417	54060421
(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)	826108040	945526948
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	401286567	394599426
(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	1289995686	1405073358

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1289995686	1405073358
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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)	10985021	
(B) Participants	2a(1)(B)	15620200	
(C) Others (including rollovers).....	2a(1)(C)	5739218	
(2) Noncash contributions.....	2a(2)		32344439
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1054	
(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)	47125	
(F) Other	2b(1)(F)	13635413	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13683592
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		29360898
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	29360898	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		29360898
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		8209497
(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)		103629352
c Other income.....	2c		1356127
d Total income. Add all income amounts in column (b) and enter total.....	2d		188583905
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	67003614	
(2) To insurance carriers for the provision of benefits.....	2e(2)	6240501	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		73244115
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)	29925	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	55344	
(4) Other.....	2i(4)	176849	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		262118
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		73506233
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		115077672
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

	Yes	No	Amount
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?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ST. JOHN'S UNIVERSITY DEFINED CONTRIBUTION	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOHN'S UNIVERSITY	D Employer Identification Number (EIN) 11-1630830

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-2826183 04-2647786		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Financial Statements and Report of
Independent Certified Public
Accountants

**St. John's University Defined Contribution
Retirement Plan**

December 31, 2021 and 2020

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

GRANT THORNTON LLP

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees

St. John's University Defined Contribution Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit for the 2021 financial statements

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

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

Disclaimer of opinion on the 2021 financial statements

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

Basis for disclaimer of opinion on the 2021 financial statements

As described in Note 2 to the financial statements, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the 2021 financial statements may have been affected by these conditions.

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 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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 financial statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these Financial Statements.

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

Other matters***2021 supplemental schedule required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the

Basis for Disclaimer of Opinion section on the 2021 Financial Statements of our report, it is inappropriate to and we do not express an opinion on the 2021 supplemental schedule referred to above.

Auditor's report on the 2020 financial statements

The financial statements of the Plan as of and for the year ended December 31, 2020 were audited by other auditors. 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 the other auditors not to perform and they did not perform any auditing procedures with respect to the certified information. Their report dated October 7, 2021, indicated that (a) the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, allowed the Plan to exclude from the financial statements certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, and the related income and distributions, (b) that prior to 2009, annuity and custodial accounts of the Plan were maintained as individual participant accounts and were not combined for plan level financial reporting, (c) accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the financial statements, and (d) the amount of excluded annuity and custodial accounts and the related income and distributions, if any, are not determinable. Because of the significance of these matters the other auditors were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and did not express an opinion on the 2020 financial statements.

Grant Thornton LLP

Melville, New York
October 11, 2022

St. John's University Defined Contribution Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2021	2020
Assets		
Investments at fair value, as certified (Notes 3 and 4)		
TIAA Traditional Annuity Accounts – Non-Benefit Responsive	\$ 347,642,890	\$ 352,386,742
Registered investment companies	954,517,999	839,223,787
Pooled separate account	<u>54,060,421</u>	<u>47,585,417</u>
Total investments at fair value	1,356,221,310	1,239,195,946
Investments at contract value, as certified (Notes 3 and 5)		
TIAA Traditional Annuity Accounts – Benefit Responsive	46,033,418	48,129,399
Metlife and Fidelity stable value funds	<u>923,118</u>	<u>770,426</u>
Total investments at contract value	46,956,536	48,899,825
Total investments	<u>1,403,177,846</u>	<u>1,288,095,771</u>
Receivables		
Notes receivable from participants, as certified (Notes 1 and 3)	860,025	883,438
Employer contributions	499,154	480,781
Participants' contributions	<u>536,333</u>	<u>535,696</u>
Total receivables	<u>1,895,512</u>	<u>1,899,915</u>
Net assets available for benefits	<u><u>\$ 1,405,073,358</u></u>	<u><u>\$ 1,289,995,686</u></u>

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

St. John's University Defined Contribution Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2021	2020
Additions to net assets attributable to		
Investment income, as certified (Note 3)		
Net appreciation in fair value of investments	\$ 113,213,070	\$ 115,964,858
Earned income from TIAA Traditional Annuity Accounts	13,610,514	15,211,529
Interest and dividends	29,368,757	14,681,648
Net investment income	156,192,341	145,858,035
Interest on notes receivable from participants, as certified (Notes 1 and 3)	47,125	49,598
Contributions:		
Employer	10,985,021	12,582,807
Participants	15,620,200	16,429,726
Participants rollovers	5,739,218	3,036,526
Total contributions	32,344,439	32,049,059
Total additions	188,583,905	177,956,692
Deductions from net assets attributable to:		
Benefits paid	73,244,115	57,610,271
Administrative fees	262,118	218,148
Total deductions	73,506,233	57,828,419
Net increase	115,077,672	120,128,273
Net assets available for benefits, beginning of year	1,289,995,686	1,169,867,413
Net assets available for benefits, end of year	<u>\$ 1,405,073,358</u>	<u>\$ 1,289,995,686</u>

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

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN

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

General

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

The effective date of the Plan was July 1, 1965. The Plan was last amended and restated effective January 1, 2016 with subsequent amendments effective as of January 1, 2019, January 1, 2020, March 27, 2020, July 1, 2020, March 1, 2021, September 1, 2021, and January 1, 2022. The amendment with effective date as of January 1, 2019 related to 15-year catch-up contributions, cash withdrawals, and minimum distribution requirements. The amendments with effective dates in calendar year 2020 related to the Coronavirus Aid, Relief and Economic Security Act (CARES Act) withdrawals and plan loans, minimum distribution requirements, participant definition, and matching contribution rate reductions. The amendment with effective dates in calendar year 2021 relates to a tax-deferred annuity program and withdrawals under a collective bargaining agreement. The amendments with an effective date as of January 1, 2022 relate to plan loan distributions and matching contribution rate increases.

Plan Administration

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

Contributions

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

Participants may contribute to the Plan subject to IRC limits, which were up to \$19,500 (\$26,000 if age 50 or older) in 2021 and 2020. Participants may also contribute amounts representing rollovers from other qualified plans. Eligible employees can voluntarily contribute to the Plan the first of the month following the date of hire or the first of the month if hired on the first of the month. All participants must contribute a minimum of 5% of their base salary to receive the University's contribution. For administrators and staff hired before July 1, 2010 and for certain faculty hired before October 1, 2012, these employees receive a University contribution of 10% of the employees' base salary. For administrators and staff hired on or after July 1, 2010 and for certain faculty hired on or after October 1, 2012, these employees receive a University contribution of 5% on the first of the month following the date the service eligibility is met. After the fifth anniversary of employment, the University contribution increases to 10%. Contributions are subject to certain other IRC limitations. Due to continued financial uncertainty associated with the COVID-19 pandemic, effective for payroll periods that began after June 30, 2020, the University reduced the matching contribution rates of 5% and 10% as described above to 2% and 7%, respectively, for employees not covered under a collective bargaining agreement. The minimum required participant contribution remained at 5%.

Effective January 1, 2022, the University increased the matching contribution rates of 2% and 7% to 5% and 8%, respectively, for employees not covered under a collective bargaining agreement. The minimum required participant contribution remained at 5%.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

Participant Accounts

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

Vesting

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

Investment Options

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

- Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA and CREF). TIAA, FSB, a federal saving association, is a directed trustee or custodian of certain investments that are recordkept by TIAA.
- Fidelity Management Trust Company (Fidelity)
- Metropolitan Life Insurance Company (MetLife) was a Fund Sponsor prior to January 1, 2013. Effective as of that date, no further Plan contributions may be allocated to any funding vehicle sponsored by MetLife. Plan contributions invested through MetLife prior to January 1, 2013 may be transferred, at the Participant's election, to any funding vehicle offered by a current Fund Sponsor, but such Plan contributions may not be transferred from such a fund vehicle to a funding vehicle sponsored by MetLife.

Payment of Benefits

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

Loans with TIAA and MetLife

Generally, participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 45% of the assets held with TIAA or MetLife, subject to certain restrictions. Loans used to purchase a primary residence may be repaid over 10 years. Loans for all other purposes must be repaid within five years. For loans with TIAA and MetLife, adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default. Interest rates are variable and can increase or decrease once a year. For loans issued directly by TIAA, the participant's account balance in the TIAA Traditional Annuity Account is used as collateral. For loans issued directly by MetLife, the participant's account balance in the MetLife fixed interest account is used as collateral. Interest and principal are paid by the participant directly to TIAA and MetLife. The loans are not considered assets of the Plan and, therefore, are not reported in the statements of net assets available for benefits. The TIAA loans amounted to approximately \$4.6 million and \$5.5 million at December 31, 2021 and 2020, respectively. Interest rates on the loans ranged from approximately 4.00% to 7.60% as of December 31, 2021 and 2020 and mature through 2031 and 2029 as of December 31, 2021 and 2020, respectively. Loans with MetLife amounted to approximately \$80,000 and \$91,000 at December

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

31, 2021 and 2020, respectively. Interest rates on the loans ranged from approximately 3.00% to 3.25% as of December 31, 2021 and 2020 and mature through 2028.

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

Notes Receivable from Participants

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

Participant loans issued by Fidelity are directly from the participant's account and bear interest at rates that range from approximately 4.25% to 6.50% at December 31, 2021 and 2020 and mature through 2031 and 2030, respectively. Participant loans issued by Fidelity are considered assets of the Plan and, therefore, are reported in the statements of net assets available for benefits as notes receivable from participants.

Participant loans issued by TIAA are directly from the participant's account and bear interest at a rate of 4.25% at December 31, 2021 and mature through 2026. These loans are considered assets of the Plan and, therefore, are reported in the statement of net assets available for benefits at December 31, 2021 as notes receivable from participants.

No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

Plan Record Management

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

Investment Valuation and Income Recognition

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

Benefits Paid

Benefits are recorded when paid.

Expenses

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

Use of Estimates

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

Recent Accounting Pronouncements

The Plan adopted and follows Financial Accounting Standards Board (FASB) Accounting Standard Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The ASU modified the disclosure requirements for fair value measurements, and the impact of adopting this new guidance was not significant to the Plan's financial statements.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

NOTE 3 - INFORMATION CERTIFIED

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, MetLife, and TIAA and CREF have certified as being complete and accurate the investments and notes receivable from participants used to derive such amounts on the statements of net assets available for benefits, the investment income, and interest on notes receivable from participants reflected in the statements of changes in net assets available for benefits, and the information included in the supplemental schedule of the financial statements as of and for the year ended December 31, 2021, as applicable. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate for the respective periods.

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

	<u>2021</u>		<u>Certified by</u>	
	<u>Totals</u>	<u>Met Life</u>	<u>Fidelity</u>	<u>TIAA and CREF</u>
Investments at fair value, as certified:				
TIAA Traditional Annuity Accounts –				
Non-Benefit Responsive	\$ 347,642,890	\$ -	\$ -	\$ 347,642,890
Registered investment companies	954,517,999	5,265,240	190,733,146	758,519,613
Pooled separate account	<u>54,060,421</u>	<u>-</u>	<u>-</u>	<u>54,060,421</u>
Total investments at fair value	<u>1,356,221,310</u>	<u>5,265,240</u>	<u>190,733,146</u>	<u>1,160,222,924</u>
Investments at contract value, as				
certified:				
TIAA Traditional Annuity Accounts -				
Benefit Responsive	46,033,418	-	-	46,033,418
Metlife and Fidelity stable value				
funds	<u>923,118</u>	<u>908,210</u>	<u>14,908</u>	<u>-</u>
Total investments at contact value	<u>46,956,536</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total investments	<u>\$ 1,403,177,846</u>	<u>\$ 6,173,450</u>	<u>\$ 190,748,054</u>	<u>\$ 1,206,256,342</u>
Notes receivable from participants, as				
certified	\$ 860,025	\$ -	\$ 767,146	\$ 92,879

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

	<u>2020</u>		<u>Certified by</u>	
	<u>Totals</u>	<u>Met Life</u>	<u>Fidelity</u>	<u>TIAA and CREF</u>
Investments at fair value, as certified:				
TIAA Traditional Annuity Accounts –				
Non-Benefit Responsive	\$ 352,386,742	\$ -	\$ -	\$ 352,386,742
Registered investment companies	839,223,787	5,288,647	164,076,185	669,858,955
Pooled separate account	47,585,417	-	-	47,585,417
	<u>1,239,195,946</u>	<u>5,288,647</u>	<u>164,076,185</u>	<u>1,069,831,114</u>
Total investments at fair value				
Investments at contract value, as certified:				
TIAA Traditional Annuity Accounts -				
Benefit responsive	48,129,399	-	-	48,129,399
Metlife and Fidelity stable value funds	770,426	738,730	31,696	-
	<u>48,899,825</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total investments at contract value				
	<u>\$ 1,288,095,771</u>	<u>\$ 6,027,377</u>	<u>\$ 164,107,881</u>	<u>\$ 1,117,960,513</u>
Total investments				
Notes receivable from participants, as certified	\$ 883,438	\$ -	\$ 883,438	\$ -

Investment income as certified for the years ended December 31, 2021 and 2020 is summarized as follows:

	<u>2021</u>		<u>Certified by</u>	
	<u>Totals</u>	<u>Met Life</u>	<u>Fidelity</u>	<u>TIAA and CREF</u>
Net appreciation in fair value of investments	\$ 113,213,070	\$ 603,121	\$ 15,719,164	\$ 96,890,785
Earned income from TIAA Traditional Annuity Accounts	13,610,514	-	-	13,610,514
Interest and dividends	29,368,757	-	10,560,299	18,808,458
	<u>\$ 156,192,341</u>	<u>\$ 603,121</u>	<u>\$ 26,279,463</u>	<u>\$ 129,309,757</u>
Total investment income				
Interest on notes receivable from participants	\$ 47,125	\$ -	\$ 47,125	\$ -
	<u>\$ 47,125</u>	<u>\$ -</u>	<u>\$ 47,125</u>	<u>\$ -</u>
	<u>2020</u>		<u>Certified by</u>	
	<u>Totals</u>	<u>Met Life</u>	<u>Fidelity</u>	<u>TIAA and CREF</u>
Net appreciation in fair value of investments	\$ 115,964,858	\$ 1,209,713	\$ 22,681,970	\$ 92,073,175
Earned income from TIAA Traditional Annuity Accounts	15,211,529	-	-	15,211,529
Interest and dividends	14,681,648	-	7,143,084	7,538,564
	<u>\$ 145,858,035</u>	<u>\$ 1,209,713</u>	<u>\$ 29,825,054</u>	<u>\$ 114,823,268</u>
Total investment income				
Interest on notes receivable from participants	\$ 49,598	\$ -	\$ 49,598	\$ -

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

NOTE 4 - FAIR VALUE MEASUREMENT

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2021 and 2020:

TIAA Traditional Annuity Non-Benefit Responsive Accounts: The TIAA Traditional Annuity is a fixed-rate contract-based investment for which observable prices for identical or similar investments do not exist and is classified as Level 3. The Plan's TIAA Traditional Annuity investment is through the Retirement Annuity (RA), and Retirement Choice (RC) which are non-benefit responsive contracts. Investments in the TIAA Traditional Annuity earn a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The accumulated crediting interest rate for the RA was approximately 3.70% for the years ended December 31, 2021 and 2020. The crediting interest rate is calculated on a daily basis. The RA does not allow lump-sum cash withdrawals. Transfers or withdrawals may only be made in 10 annual installments over a period of approximately nine years. The accumulated crediting interest rate for the RC was approximately 3.95% for the years ended December 31, 2021 and 2020. The crediting interest rate is calculated on a daily basis. The RC only allows lump-sum cash withdrawals within 120 days of the participant's termination date and with a 2.5% surrender charge. Otherwise withdrawals and transfers must be distributed over 84 monthly installments. Plan loan default fund balances are invested in these contracts.

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

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

Pooled separate account: Valued at the fair value of shares held by the Plan at year end as determined by the issuer. The value is principally derived from the fair 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 pooled separate account sometimes holds non-real estate securities as well. These are generally priced using values obtained from independent pricing sources. The shares are priced daily and are considered readily determinable.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in methodologies used at December 31, 2021 or 2020, and there were no transfers between levels for the year ended December 31, 2021.

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

There are no unfunded commitments and redemptions may occur daily, except for the TIAA Real Estate Pooled Separate Account, which may be redeemed quarterly, and the TIAA Traditional Annuity Accounts whose redemption restrictions are described in Note 5. The following tables present the Plan's fair value hierarchy for those investments measured at fair value as of December 31, 2021 and 2020:

2021				
	Total Fair Value	Level 1	Level 2	Level 3
TIAA Traditional Annuity Accounts –				
Non-Benefit Responsive	\$ 347,642,890	\$ -	\$ -	\$ 347,642,890
Registered investment companies	954,517,999	954,517,999	-	-
Pooled separate account - TIAA				
Real Estate Account	54,060,421	54,060,421	-	-
	<u>\$1,356,221,310</u>	<u>\$1,008,578,420</u>	<u>\$ -</u>	<u>\$ 347,642,890</u>
2020				
	Total Fair Value	Level 1	Level 2	Level 3
TIAA Traditional Annuity Accounts –				
Non-Benefit Responsive	\$ 352,386,742	\$ -	\$ -	\$ 352,386,742
Registered investment companies	839,223,787	839,223,787	-	-
Pooled separate account - TIAA				
Real Estate Account	47,585,417	47,585,417	-	-
	<u>\$1,239,195,946</u>	<u>\$ 886,809,204</u>	<u>\$ -</u>	<u>\$ 352,386,742</u>

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

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

2021				
Type	Fair Value	Valuation Technique	Significant Unobservable Input	Range
TIAA Traditional Annuity Accounts – Non-Benefit Responsive	\$ 347,642,890	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied*	RA: 3.00% - 3.80% RC: 2.75% - 3.9%
2020				
Type	Fair Value	Valuation Technique	Significant Unobservable Input	Range
TIAA Traditional Annuity Accounts – Non-Benefit Responsive	\$ 352,386,742	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied*	RA: 3.00% - 4.45% RC: 2.50% - 4.40%

*Unobservable inputs include discount rate applied.

Purchases of Level 3 investments were \$5,413,464 and \$9,469,581 for the years ended December 31, 2021 and 2020, respectively.

NOTE 5 - BENEFIT RESPONSIVE INVESTMENTS, AT CONTRACT VALUE

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

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, are guaranteed by TIAA's claims-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities, and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the crediting interest rate. For accumulating SRA and GSRA contracts, the crediting interest rates were 3% at December 31, 2021 and 2020.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

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

NOTE 6 - TAX STATUS

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

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options consisting of annuity accounts of a variety of investment funds, some of which are registered investment companies, and a pooled separate account. The investment funds include U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as significant world events, interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

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

The TIAA Traditional Annuity Accounts represent approximately 28% and 31% of the Plan's net assets as of December 31, 2021 and 2020, respectively, and represent an obligation from TIAA to repay as amounts come due. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Plan administrator does not believe that any events, which would limit the Plan's ability to transact at contract value are probable.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic. The pandemic is ongoing and has been the cause of significant fluctuations in financial markets. The extent of the impact on the Plan's net assets available for benefits and contributions will depend on the duration and continued spread of the outbreak, including any other further developments.

St. John's University Defined Contribution Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2021 and 2020

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - PARTICIPANT DISTRIBUTIONS AND LOANS

The Plan did not operate in accordance with its terms with respect to its provisions regarding certain in-service withdrawals for certain participants covered by a collective bargaining agreement during the years ended December 31, 2016 and December 31, 2015, and Plan loan distributions. The University is in the process of preparing a request for correction of this matter through the IRS' Voluntary Correction Program (VCP). Under the VCP, the University will request that the IRS approve a retroactive amendment to the Plan to align its terms with its operation with respect to its in-service withdrawal and Plan loan distribution provisions. No amounts are owed by the University to the Plan as a result of this failure.

NOTE 10 - RELATED-PARTY TRANSACTIONS

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

Certain investment management fees are reimbursed to the Plan, a portion of which may be used to pay for Plan expenses or allocated to participants, and are reflected within net appreciation in fair value of investments in the statements of changes in net assets available for benefits. There were \$1,098,951 in reimbursed fees allocated to participants in 2021. There were no such reimbursed fees allocated to participants in 2020.

NOTE 11 - SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through October 11, 2022, the date the financial statements were authorized to be issued, and determined that no additional disclosures were required other than the plan amendment and the increase in matching contributions rates disclosed in Note 1.

SUPPLEMENTAL SCHEDULE

St. John's University Defined Contribution Retirement Plan

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

December 31, 2021

EIN # 11-1630830 Plan # 003

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
Investments:				
*	TIAA Traditional Annuity Accounts - Non-Benefit Responsive	Insurance contracts		\$ 347,642,890
	Total TIAA Traditional Annuity Accounts - Non-Benefit Responsive			347,642,890
MetLife Enhanced Preference Plus:				
	Frontier MidCap Gr Port	Registered investment companies		2,506
	T Rowe LgCpGr	Registered investment companies		262,270
	MFS Value Portfolio	Registered investment companies		42,648
*	Met Agg Bond Index	Registered investment companies		83,097
*	MetLife MSCI EAFE Index	Registered investment companies		30,390
*	MetLife Mid Cap Stk Ind	Registered investment companies		27,967
*	Met Russell 2000 Index	Registered investment companies		16,159
	Stock Index	Registered investment companies		507,517
	BH/Wellington Balanced	Registered investment companies		26,516
*	Fidelity Inv Gr Bon	Registered investment companies		278,181
*	Fidelity Eq Income	Registered investment companies		4,209
*	Fidelity Growth	Registered investment companies		574,097
	Invesco Global Equity Portfolio	Registered investment companies		191,484
	BlackRock Bond Income	Registered investment companies		5,501
	MFS Total Ret Shr Cls A	Registered investment companies		101,410
	T Rowe Price Small Cap Growth	Registered investment companies		515,252
	BlackRock Capital App	Registered investment companies		32,146
	Neuberger Berman Genesis	Registered investment companies		64,101
	American Funds Growth Fund	Registered investment companies		404,152
	LoomSay Growth Portfolio	Registered investment companies		33,239
	T Rowe Price Mid Cap Growth	Registered investment companies		57,065
	Loomis Sayles Small Cap	Registered investment companies		4
	American Funds Growth Alloc	Registered investment companies		48,349
	American Funds Global SC Fund	Registered investment companies		56,264
	MFS Research Int'l	Registered investment companies		172,136
	Clarion Gbl Rel Estate	Registered investment companies		32,154
	Western Asst Mgt Strag Bd	Registered investment companies		90,622
	PIMCO Total Return	Registered investment companies		194,576
	BH/Wellcreqiopp	Registered investment companies		114,561
	BH Asset All 100	Registered investment companies		76,681
	BH Asset All 60	Registered investment companies		156,675
	Baillie Intl Stock	Registered investment companies		25,910
	Harris Oakmark Intrntnl	Registered investment companies		51,434
	MFS Value Portfolio E	Registered investment companies		100,166
	PIMCO Infltn Prtctd Bd	Registered investment companies		46,743
	Invesco Small Cap Growth	Registered investment companies		2,128
	BH/Artisan Mid Cap Val	Registered investment companies		975
	Jennison Growth	Registered investment companies		2,701
	MS Discovery Portfolio	Registered investment companies		552,259
	American Funds Modert Alloc	Registered investment companies		44,353
	Calvert VP SRI Balanced	Registered investment companies		21,395
	American Funds Grt-Inc Fund	Registered investment companies		5,137
	Calvert VP SRI Mid Cap	Registered investment companies		2,054
	BH Asset All 80	Registered investment companies		84,472
	BH Asset All 40	Registered investment companies		89,766
	Loomis Sayles Small Cap Cr	Registered investment companies		19,325
	American Fds T Bnd Fd Amer	Registered investment companies		14,493
	Total MetLife - Registered investment companies			5,265,240
*	CREF Stock Fund R2	Registered investment companies		241,097,001
*	CREF Money Market Fund R2	Registered investment companies		8,463,407
*	CREF Social Choice Fund R2	Registered investment companies		17,929,527
*	CREF Bond Market Fund R2	Registered investment companies		21,428,357
*	CREF Global Equities Fund R2	Registered investment companies		28,089,653
*	CREF Growth Fund R2	Registered investment companies		41,691,617
*	CREF Equity Index Fund R2	Registered investment companies		17,855,620
*	CREF Inflation-Linked Bond Fund R2	Registered investment companies		9,939,154
	T. Rowe Price Rtmt I 2005 I	Registered investment companies		936,482
	T. Rowe Price Rtmt I 2010 I	Registered investment companies		3,707,231
	T. Rowe Price Rtmt I 2015 I	Registered investment companies		8,061,872
	T. Rowe Price Rtmt I 2020 I	Registered investment companies		6,899,944
	T. Rowe Price Rtmt I 2025 I	Registered investment companies		12,989,630

St. John's University Defined Contribution Retirement Plan

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

December 31, 2021

EIN # 11-1630830 Plan # 003

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	T. Rowe Price Rtmt I 2030 I	Registered investment companies		\$ 15,709,959
	T. Rowe Price Rtmt I 2035 I	Registered investment companies		17,045,403
	T. Rowe Price Rtmt I 2040 I	Registered investment companies		17,368,487
	T. Rowe Price Rtmt I 2045 I	Registered investment companies		14,957,247
	T. Rowe Price Rtmt I 2050 I	Registered investment companies		8,836,705
	T. Rowe Price Rtmt I 2055 I	Registered investment companies		3,265,880
	T. Rowe Price Rtmt I 2060 I	Registered investment companies		1,140,148
	Western Asset Core Plus Bnd IS	Registered investment companies		11,130,615
	Janus Henderson Dev Wrld Bnd I	Registered investment companies		2,082,623
	T Rowe Price Equity Income I	Registered investment companies		21,075,209
	Harbor Capital Appreciation Rt	Registered investment companies		5,352,549
	Diamond Hill SM/Mid Cap Y	Registered investment companies		12,021,650
	Eaton Vance Atl Cap SMID Ca R6	Registered investment companies		7,516,602
	Invesco Developing Mkts R6	Registered investment companies		4,096,490
*	TIAA-CREF Social Ch Eq - Inst Fund	Registered investment companies		38,713,226
	American Europac Growth Fund R6	Registered investment companies		31,623,282
	Vanguard Infl Protect Sec Adm	Registered investment companies		7,777,441
	Vanguard Federal Money Mkt Inv	Registered investment companies		5,458,933
	Vanguard Inst Idx - Inst Fund	Registered investment companies		51,229,666
	Vanguard Ttl Bd Mkt Idx Adm Fund	Registered investment companies		3
	Vanguard Ttl Bd Mkt Idx Inst	Registered investment companies		7,865,417
	Vanguard Extended Mkt Idx Inst Fund	Registered investment companies		35,310,128
	Vanguard Ttl Intl Stk Idx Inst Fund	Registered investment companies		19,852,455
	Total TIAA and CREF - Registered investment companies			758,519,613
*	Fidelity Contrafund K Fund	Registered investment companies		12,301,603
*	Fidelity Growth Company K Fund	Registered investment companies		34,008,689
*	Fidelity Low Pr Stk K Fund	Registered investment companies		3,005,771
	T. Rowe Price Retirement I 2005 I Fund	Registered investment companies		190,895
	T. Rowe Price Retirement I 2010 I Fund	Registered investment companies		1,412,452
	T. Rowe Price Retirement I 2015 I Fund	Registered investment companies		5,024,846
	T. Rowe Price Retirement I 2020 I Fund	Registered investment companies		9,772,930
	T. Rowe Price Retirement I 2025 I Fund	Registered investment companies		15,995,996
	T. Rowe Price Retirement I 2030 I Fund	Registered investment companies		18,801,356
	T. Rowe Price Retirement I 2035 I Fund	Registered investment companies		8,025,486
	T. Rowe Price Retirement I 2040 I Fund	Registered investment companies		9,848,572
	T. Rowe Price Retirement I 2045 I Fund	Registered investment companies		4,804,213
	T. Rowe Price Retirement I 2050 I Fund	Registered investment companies		3,571,966
	T. Rowe Price Retirement I 2055 I Fund	Registered investment companies		1,051,832
	T. Rowe Price Retirement I 2060 I Fund	Registered investment companies		129,908
	T. Rowe Price Retirement I 2065 I Fund	Registered investment companies		43,379
	T. Rowe Price Equity Income I Fund	Registered investment companies		1,489,293
	Invs Develop Mkt R6	Registered investment companies		1,111,183
	Vanguard Total Intl Stk IS Fund	Registered investment companies		1,759,606
	Vanguard Total Bond Mkt Inst	Registered investment companies		1,452,032
	American Funds Europac Growth R6 Fund	Registered investment companies		2,201,009
	Vanguard Inst Index Fund	Registered investment companies		22,915,644
	Eaton Vance AC Smid Cap R6 Fund	Registered investment companies		2,329,656
	Vanguard Ext Mkt Idx Ins Fund	Registered investment companies		3,955,854
	Diamond Hill Small Mid Cap Y Fund	Registered investment companies		1,101,222
	WA Core PLS Bond IS	Registered investment companies		1,713,924
	J H Dev World Bond I	Registered investment companies		140,397
	Vanguard Infl Prot Inst Fund	Registered investment companies		596,224
*	Fidelity Fund - Brokerage Link:			
*	Fidelity Latin America	Registered investment companies		27,639
*	Fidelity Floating Rate High Income	Registered investment companies		99,480
*	Fidelity Capital & Income	Registered investment companies		207,467
*	Fidelity Small Cap Independence	Registered investment companies		88,705
*	Fidelity Small Cap Retirement	Registered investment companies		98,995
*	Fidelity Agricultural Product Fund	Registered investment companies		2,500
*	Fidelity Structured Mid Cap Value+C76	Registered investment companies		28,014
*	Fidelity Real Estate Investment	Registered investment companies		53,684
*	Fidelity Convertible Securities	Registered investment companies		116,117
*	Fidelity Investment Grade	Registered investment companies		10,813
*	Fidelity Total Mkt Index Instl Premium Class	Registered investment companies		246,260
*	Fidelity Short Term Bond	Registered investment companies		9,048
*	Fidelity International Index Instl Premium	Registered investment companies		49,171
*	Fidelity Extended Market Index Instl Premium	Registered investment companies		34,140

St. John's University Defined Contribution Retirement Plan

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

December 31, 2021

EIN # 11-1630830 Plan # 003

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Fidelity High Income	Registered investment companies		\$ 190,233
*	Fidelity Inflation Protected Bond Index Instl Prem	Registered investment companies		273,245
*	Fidelity Select Software & Computer	Registered investment companies		341,837
*	Fidelity Global Commodity Stock Fund	Registered investment companies		6,503
*	Fidelity Strategic Dividend and Income	Registered investment companies		54,394
*	Fidelity Blue Chip Growth	Registered investment companies		364,938
*	Fidelity Small Cap Growth	Registered investment companies		109,107
*	Fidelity Value	Registered investment companies		10,824
*	Fidelity Small Cap Value	Registered investment companies		87,897
*	Fidelity Large Cap Value Indx Inst Prem	Registered investment companies		109,012
*	Fidelity Select Energy	Registered investment companies		233,847
*	Fidelity Select Computers	Registered investment companies		31,833
*	Fidelity Select Technology	Registered investment companies		524,372
*	Fidelity Select Health Care	Registered investment companies		285,798
*	Fidelity Select Pharmaceutical	Registered investment companies		99,333
*	Fidelity Select Wireless Portfolios	Registered investment companies		30,096
*	Fidelity Select Medical Equip & System	Registered investment companies		312,880
*	Fidelity Growth & Income II	Registered investment companies		2,754
*	Fidelity Select Electronics	Registered investment companies		407,228
*	Fidelity Select Chemicals	Registered investment companies		171,112
*	Fidelity Select Natural Resources	Registered investment companies		18,407
*	Fidelity Select Financial Svcs	Registered investment companies		53,978
*	Fidelity Select Industrial Materials	Registered investment companies		29,318
*	Fidelity Select Constructn & Housing	Registered investment companies		228,300
*	Fidelity Select Banking Portfolio	Registered investment companies		22,104
*	Fidelity Mid Cap Enhanced Index Fund	Registered investment companies		31,615
*	Fidelity Mid Cap Stock	Registered investment companies		52,176
*	Fidelity Select Retailing	Registered investment companies		130,928
*	Fidelity Select Biotechnology	Registered investment companies		1,084,644
*	Fidelity Select Gold	Registered investment companies		189,318
*	Fidelity Select Defense & Aerospace	Registered investment companies		17,526
*	Fidelity Technoquant Growth	Registered investment companies		2,782
*	Fidelity China Region	Registered investment companies		110,994
*	Fidelity Intern'l Small Cap	Registered investment companies		11,938
*	Fidelity Strategic Income Fund	Registered investment companies		124,717
*	Fidelity Focused High Income Fund	Registered investment companies		28,683
*	Fidelity 500 Index Institutional Prem	Registered investment companies		679,143
*	Fidelity Europe	Registered investment companies		29,312
*	Fidelity Nordic	Registered investment companies		34,374
*	Fidelity Small Cap Index Instl Premium	Registered investment companies		40,161
*	Fidelity Balanced	Registered investment companies		63,612
*	Fidelity Capital Appreciation	Registered investment companies		71,758
*	Fidelity Contrafund	Registered investment companies		150,061
*	Fidelity NASDAQ Composite Index	Registered investment companies		1,049,256
*	Fidelity New Millennium	Registered investment companies		101,404
*	Fidelity OTC Port	Registered investment companies		179,148
*	Fidelity Real Estate Income	Registered investment companies		29,570
*	Fidelity Inter Treasury Bond Indx Inst Prem	Registered investment companies		7,722
*	Fidelity Select Transport	Registered investment companies		51,513
*	Fidelity Select Environmental Svcs	Registered investment companies		118,972
*	Fidelity Select Food & Agriculture	Registered investment companies		17,418
*	Fidelity Select Bus SVC & Outsourcing	Registered investment companies		186,400
*	Fidelity Select Cyclical Industries	Registered investment companies		2,686
*	Fidelity Disruptors Fund	Registered investment companies		113,634
*	Fidelity Disruptive Technology Fund	Registered investment companies		44,286
*	Fidelity Disruptive Automation Fund	Registered investment companies		3,250
*	Fidelity Emerging Markets Index Instl Premium	Registered investment companies		449,452
*	Fidelity Emerging Markets	Registered investment companies		6,336
*	Fidelity Global High Income Fund	Registered investment companies		7,536
*	Fidelity Total Bond	Registered investment companies		57,758
*	Fidelity L/T Treasury Bond Index Inst Prem	Registered investment companies		65,273
*	Fidelity US Sustainblty Index FD Instl CL	Registered investment companies		685,602
*	Fidelity Real Estate Index Institutional	Registered investment companies		65,911
*	Fidelity Small Cap Enhanced Index Fund	Registered investment companies		511
*	Fidelity Zero Large Cap Index Fund	Registered investment companies		156,832
*	Fidelity Zero International Index	Registered investment companies		33,937
*	Fidelity Large Cap Growth Enhanced Index	Registered investment companies		56,849
	Fidelity External Fund – Brokerage Link:			
	Eventide Gilead Fund Retail Class	Registered investment companies		29,719

St. John's University Defined Contribution Retirement Plan

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

December 31, 2021

EIN # 11-1630830 Plan # 003

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	EV Parametric Strctd Commodity Strgy I	Registered investment companies		\$ 77,409
	Matthew 25	Registered investment companies		26,720
	Baron Global Advantage FD Retail	Registered investment companies		132,977
	Baron Partners Fund	Registered investment companies		10,194
	Baron Fintech Fund Instl	Registered investment companies		73,786
	BNY Mellon Small Cap Stock Index Investor	Registered investment companies		17,676
	Columbia Commodity Strategy Fund CL A	Registered investment companies		26,548
	Driehaus Small Cap Growth Investor CL	Registered investment companies		15,871
	Glenmede Small Cap Equity – Advisor CI	Registered investment companies		35,785
	AQR US Defensive Equity Fund CL N	Registered investment companies		19,693
	AMG Yacktmann Focused Service CL	Registered investment companies		25,964
	Lord Abbett Develop Growth Class A	Registered investment companies		158,297
	T Rowe Price Global Stock	Registered investment companies		30,292
	JP Morgan Large Cap Growth Class A	Registered investment companies		30,922
	Morgan Stanley Cap Opprt TR CL A	Registered investment companies		43,164
	T Rowe Price Science and Technology	Registered investment companies		193,888
*	TIAA-CREF Real Estate Sec Instl	Registered investment companies		56,202
	Thrivent Small Cap Stock Fund CL S	Registered investment companies		15,409
	Vanguard Health Care	Registered investment companies		116,555
	Vanguard Div Apprec Index FD Admiral Shs	Registered investment companies		188,143
	Vanguard Total Bond Market Admiral	Registered investment companies		52,590
	American New Perspective Class F	Registered investment companies		7,740
	Vanguard Target Ret 2015 FD Investor CL	Registered investment companies		43,232
	Vanguard Short Term Bond Index Admiral	Registered investment companies		58,197
	Vanguard Mid Cap Index Admiral Shs	Registered investment companies		78,804
	Vanguard VMMR-Fed MMKT	Registered investment companies		7,314,825
*	Fidelity Cash Reserves - Brokeragelink	Registered investment companies		1,680,225
	Total Fidelity - Registered investment companies			190,733,146
	Total Registered investment companies			954,517,999
*	TIAA Real Estate Account	Pooled separate account		54,060,421
	Total TIAA – Pooled separate account			54,060,421
	Total investments at fair value			1,356,221,310
	Benefit Responsive Investment Contracts:			
*	TIAA Traditional Annuity Accounts - Benefit Responsive at contract value	Insurance contracts		46,033,418
*	FID Metlife Fixed-old	Stable value funds		14,908
*	Metlife Fixed Interest Account	Stable value funds		908,210
	Total Metlife and Fidelity stable value funds			923,118
	Total investments at contract value			46,956,536
*	Notes receivable from participants			
	TIAA	Interest rates of 4.25% with maturities through 2026		92,879
	Fidelity	Interest rates of 4.25% to 6.50% with maturities through 2031		767,146
	Total notes receivable from participants			860,025
	Total assets held			\$ 1,404,037,871
*	Parties in interest as defined by ERISA			
**	All investments are participant-directed; therefore, disclosure of cost is not required			

Plan Name	St. John's University Defined Contribution Retirement Plan
Plan Sponsor EIN	11-1630830
ERISA Plan #	003
Plan Year Ending	December 31, 2021

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

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

Plan Name	St. John's University Defined Contribution Retirement Plan
Plan Sponsor EIN	11-1630830
ERISA Plan #	003
Plan Year Ending	December 31, 2021

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Form/Schedule	Line #	Description	Attachment
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5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	