Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1968

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)
SAMFORD UNIVERSITY

800 LAKESHORE DRIVE
BIRMINGHAM, AL 35229-0001

2b Employer Identification Number (EIN) 63-0312914

2c Plan Sponsor's telephone number 205-726-2809

2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	COLIN M COYNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	COLIN M COYNE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1752
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)**	1395
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1417
b Retired or separated participants receiving benefits	**6b**	55
c Other retired or separated participants entitled to future benefits	**6c**	375
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1847
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f Total. Add lines **6d** and **6e**	**6f**	1852
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1405
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	65
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 2K 2L 2M 2T

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[ ]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	2	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
63-0312914

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	500465	189	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	9331066
5	Current value of plan's interest under this contract in separate accounts at year end	5	18837408

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	9151593
c	Additions: (1) Contributions deposited during the year	7c(1)	234679		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	285768		
	(4) Transferred from separate account	7c(4)	229387		
	(5) Other (specify below)	7c(5)	8971		
	▶ OTHER				
	(6) Total additions			7c(6)	758805
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	9910398
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	450715		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	128617		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	579332
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	9331066

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
63-0312914

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	43683	56	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
364	0

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

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

PARKER, JAMIE O
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
169			3

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

WARREN ROBERT
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48			3

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

MORGAN JR., RANCE K
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
45			3

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

KING, SALLY 'MELISSA'
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

MINK, STEPHEN D
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
34			3

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

LODWICK, EVANGELINE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20			3

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

BRIONES, MARK A
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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	2185198
5	Current value of plan's interest under this contract in separate accounts at year end	5	5297096

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	2120989
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	73070		
	(4) Transferred from separate account	7c(4)	89305		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	162375
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2283364
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	98091		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	75		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	98166
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2185198

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SAMFORD UNIVERSITY	63-0312914

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(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)

JOHNSON STERLING, INC.

63-0970725

(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?
99	CONSULTANT	53013	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPIN CROUSE LLP

36-3990892

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	18500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TIAA

730 THIRD AVE.
NEW YORK, NY 10017-3206

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?
28 50 15 18 52	INSURANCE CARRIER	10422	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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 INVESTMENTS INSTITUTIONAL

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 64 65 71	RECORDKEEPER	6499	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

VARIABLE ANNUITY LIFE INSURANCE CO

2929 ALLEN PARKWAY
HOUSTON, TX 77019

74-1625348

(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?
58 50 37 49 26 64 66	CUSTODIAN	450	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
63-0312914

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-001	P	1147916

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
63-0312914

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	924592	4254529
(2) Participant contributions	1b(2)	319389	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	600479	934023
(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)	85277	119677
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	894137	1147916
(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)	66921337	79664500
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	11272582	11516264
(15) Other	1c(15)	17721	18253

			(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	81035514	97655162
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	81035514	97655162

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)	6288496	
	(B) Participants	2a(1)(B)	5039163	
	(C) Others (including rollovers)	2a(1)(C)	835424	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12163083
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64	
	(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)	6033	
	(F) Other	2b(1)(F)	359369	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		365466
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4586463	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4586463
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		169309
(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)		5769078
c Other income	2c		18864
d Total income. Add all **income** amounts in column (b) and enter total	2d		23072263
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6361352	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6361352
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)	18500	
(2) Contract administrator fees	2i(2)	10169	
(3) Investment advisory and management fees	2i(3)	546	
(4) Other	2i(4)	62048	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		91263
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6452615
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16619648
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CAPIN CROUSE LLP **(2)** EIN: 36-3990892

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

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 _____.



SAMFORD UNIVERSITY
403(b) SALARY DEFERRAL
AND DEFINED CONTRIBUTION PLAN

Financial Statements
With Supplemental Information

December 31, 2021 and 2020

EIN: 63-0312914, Plan Number: 002

CAPINCROUSE LLP

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

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CAPINCROUSE LLP

Celebrating 50 YEARS OF EMPOWERING NONPROFITS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Plan Participants
Samford University 403(b) Salary Deferral and Defined Contribution Plan
Birmingham, Alabama

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

We have performed an audit of the financial statements of Samford University 403(b) Salary Deferral and Defined Contribution 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). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from qualified institutions as of December 31, 2021, and for the year then ended, 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 matter described in the *Basis for Disclaimer of Opinion on the 2021 Financial Statements* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, the management has not maintained, and Merrill Lynch did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

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Basis for Disclaimer of Opinion on the 2021 Financial Statements (continued)

Further, as described in Note 2 to the financial statements, the Samford University 403(b) Salary Deferral and Defined Contribution Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are issued or available to be issued.

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

Auditors' 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 (GAAS) and to issue an auditors' report. However, because of the matter described in the *Basis for Disclaimer of Opinion on the 2021 Financial Statements* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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

Plan Administrator and Plan Participants
Samford University 403(b) Salary Deferral and Defined Contribution Plan
Birmingham, Alabama

Other Matter–2021 Supplemental Schedule Required by ERISA

The 2021 supplemental schedule of Schedule H, Line 4i – Schedule of Assets Held at End of Year as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2021 Financial Statements* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Other Matter — Auditor's Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2020. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the custodians.

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, the management has not maintained, and Merrill Lynch did not provide sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements had been affected by these conditions.

Additionally, as described in Note 2, the Plan has excluded from investments in the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's FAB No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. GAAP requires that these accounts be included in the 2020 financial statements.

Our audit report, dated October 8, 2021, indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements.

Capin Crouse LLP

Lawrenceville, Georgia
October 12, 2022

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Statements of Net Assets Available for Benefits

	December 31, 2021	December 31, 2020
ASSETS:		
Investments, at fair value	$ 84,151,743	$ 70,616,231
Investments, at contract value	9,110,960	9,072,304
Loan collateral fund	18,253	17,721
	93,280,956	79,706,256
Receivables:		
Employee contributions	-	319,389
Employer contributions	4,254,529	924,592
Notes receivable from participants	119,677	85,277
	4,374,206	1,329,258
Net Assets Available for Benefits	$ 97,655,162	$ 81,035,514

See notes to financial statements

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

ADDITIONS:		
Investment income:		
Interest and dividend income	$	4,945,897
Net appreciation in fair value of investments		5,938,386
		10,884,283
Employee contributions		5,039,163
Employer contributions		6,288,496
Rollover contributions		835,424
		12,163,083
Interest on notes receivable from participants		6,033
Other income		18,864
Total Additions		23,072,263
DEDUCTIONS:		
Benefit payments		6,361,352
Administrative expenses		91,263
Total Deductions		6,452,615
Net Change		16,619,648
Net Assets Available for Benefits, Beginning of Year		81,035,514
Net Assets Available for Benefits, End of Year	$	97,655,162

See notes to financial statements

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Notes to Financial Statements

December 31, 2021 and 2020

1. PLAN DESCRIPTION:

The following description of the Samford University 403(b) Salary Deferral and Defined Contribution Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan, established by Samford University (the University), is a 403(b) defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The general administration of the Plan and the responsibility for carrying out the provisions of the Plan are placed with the Human Resources Department of the University (Administrator). The recognized assets of the Plan are held and invested by TIAA and CREF (TIAA-CREF), Fidelity Management Trust Company (Fidelity), and The Variable Annuity Life Insurance Company (VALIC), collectively known as the custodians.

Each full-time employee or regular part-time employee who is not a student enrolled and attending classes offered by the University, shall be eligible to participate in the Plan on date of hire. The term "student" does not include employees attending classes under the University tuition benefit agreement. An eligible employee becomes a participant commencing with the next regularly scheduled payroll period following the date the employee completes a Salary Reduction Agreement Form and enrolls in the Plan with TIAA-CREF and/or Fidelity.

CONTRIBUTIONS

Contributions to the Plan may consist of voluntary employee contributions and rollover contributions. The Plan allows both pre-tax and Roth contributions to investments issued by the Teachers' Insurance Annuity Association (TIAA) and variable annuities offered by the College Retirement Equities Fund (CREF). In addition, the Plan allows both pre-tax and Roth contributions to investments offered by Fidelity. Fidelity investments were offered to employees beginning on January 1, 2009. Employees may elect to defer any percentage of their compensation to the Plan. Effective January 1, 2009, employees may no longer elect to defer any contributions to VALIC.

Employee contributions are subject to the maximum amount allowed by law ($19,500 and $19,500 per participant for 2021 and 2020, respectively). Participants who are age 50 or older before the close of the plan year are eligible to make catch-up contributions, subject to certain Internal Revenue Code limits ($6,500 and $6,500 per participant for 2021 and 2020, respectively). Employee contributions, rollover contributions, and related income are immediately fully vested and non-forfeitable.

1. PLAN DESCRIPTION, continued:

CONTRIBUTIONS, continued

Effective January 1, 2013, the Plan was amended to include employer matching contributions and non-elective employer contributions. As more particularly described in the Plan document, the Plan provides that in order to be eligible for employer contributions, the participant must complete one year of service. Employees classified as part-time faculty are ineligible for employer contributions. These contributions start on the first of January or July after completion of 1 year of service. For rehires, they receive credit for prior years of service. Employer contributions for the years ended December 31, 2021 and 2020, totaled $6,288,496 and $1,562,669, respectively. The contribution rate by the employer is tied to years of service pursuant to the following schedule:

Years of Participation	Contribution Rate
1-3	2.00%
4-6	3.50%
7+	5.00%

Also, for participants with at least 1,000 hours worked per year, the employer will make a $1 for $1 match of all employee deferrals up to 3% of eligible compensation. The employer match and contribution are vested at the rate of 20% per year.

Effective January 1, 2021, the Samford University Pension Plan and Trust, which is another plan sponsored by Samford University for eligible employees hired prior to January 1, 2013, was frozen to further benefit accumulation. As a result, this Plan was amended to make those employees eligible for employer matching contributions and non-elective contributions. Additionally, for five years (or earlier employment termination date) beginning with the calendar year commencing on January 1, 2021, Samford University is making certain transition contributions to the 403(b) accounts of active employees who were eligible to accrue benefits under the Pension Plan as of December 31, 2020, who (i) work 1,000 hours for Samford University during the calendar year and (ii) are employed by Samford University on the last day of the calendar year. Such amounts are determined based on the employee's age and Pension Plan Credited Service on December 31, 2020. Transition contributions range from 0% to 7% and are made based upon the applicable percentage multiplied by the employee's annual compensation.

Additionally, an auto-enrollment provision was added to automatically enroll newly eligible employees into the Plan with a salary deferral contribution of 3% of their compensation, unless they opt out of participation.

1. PLAN DESCRIPTION, continued:

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of Sponsor contributions, plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant account balances. Distributions, withdrawals, and allocated expenses are subtracted from the account balances when paid. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their Fidelity or TIAA-CREF accounts up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as transfers between the investment fund and notes receivable from participants. These loans are carried at the loan's unpaid principal balance plus accrued interest and are recorded as notes receivable from participants in the statements of net assets available for benefits. Participant loans from Fidelity accounts as of December 31, 2021 and 2020, totaled $74,926 and $39,187, respectively. Participant loans from TIAA-CREF accounts as of December 31, 2021 and 2020, totaled $44,751 and $46,090, respectively.

PLAN LOANS

Participants have the ability to enter into loans directly with VALIC, using their account balance as collateral for the loan. Interest rates for outstanding loans were 5.00-6.00% at December 31, 2021 and 2020. For participants with loans at VALIC, the participant must retain an amount equal to the original principal of the loan requested plus first quarter interest due and potential surrender charges, as collateral in the Loan Collateral Fund to secure the loan in event of default. Interest is paid to the Loan Collateral Fund. As of December 31, 2021 and 2020, $18,253 and $17,721, respectively, was held in the Loan Collateral Fund as collateral for VALIC Plan loans, which is considered an asset of the Plan and is included in the statements of net assets available for benefits. The loans themselves are not considered assets of the Plan, and therefore, are not included in the statements of net assets available for benefits.

PAYMENT OF BENEFITS

Upon termination of service, attainment of age 59 1/2, death, or disability, participants and/or beneficiaries may elect to receive benefit payments, including annuities, available through the custodians, or they may maintain their account balance with the custodians. Payments from the TIAA Traditional Annuity are made according to the predetermined installment schedule. Payments from other Plan assets can be made according to the permitted format of the individual investment contract through TIAA-CREF or the individual custodial account agreement with Fidelity, and/or VALIC.

PLAN EXPENSES

Participants are charged an asset-based service fee for administrative expenses of the Plan. Participants also pay certain administrative fees for participant-initiated transactions. Investment-related expenses are included in net change in fair value of investments. The Company pays other administrative expenses of the Plan..

1. PLAN DESCRIPTION, continued:

PLAN TERMINATION

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

FORFEITURES

Forfeited balances of terminated participants' nonvested accounts are used to reduce administrative expenses or future employer contributions. During 2021 and 2020, forfeitures used to offset administrative expenses totaled $73,013 and $2,625, respectively. At December 31, 2021 and 2020, forfeited nonvested accounts totaled $12,875 and $75,878, respectively.

2. SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING

The Plan prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Plan has excluded from investments in the statements of net assets available for benefits certain annuity and custodial accounts issued by Merrill Lynch to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income (loss) and benefit payments related to such accounts have also been excluded in the statement of changes in net assets available for benefits. The amounts of these excluded annuity and custodial accounts and the related investment income (loss) and benefit payments are not determinable.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

2. SIGNIFICANT ACCOUNTING POLICIES, continued:

INVESTMENTS

Plan investments are recorded at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be required to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management reviews and evaluates the fair values provided by TIAA-CREF, Fidelity, and VALIC and agrees with the valuation methods and assumptions used. See Note 4 for a discussion of fair value measurements and Note 5 for a discussion on fully benefit-responsive investment contracts.

Purchases and sales of investments are recorded on the trade date. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation on those investments.

CONTRIBUTIONS

Participant contributions are recorded when deducted from the participating employees' compensation. Rollover contributions are recorded when received. Employer contributions are recorded when earned by participants.

PAYMENT OF BENEFITS

Benefit payments are recorded when paid.

3. INFORMATION CERTIFIED BY THE QUALIFIED INSTITUTIONS:

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, VALIC, and TIAA-CREF have certified the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, and the supplemental schedule H, line 4i–schedule of assets (held at end of year), as of December 31, 2021, and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2021. TIAA, FSB is the custodian of mutual funds reported by TIAA-CREF and has authorized TIAA-CREF to certify investments held by TIAA, FSB. TIAA-CREF is the custodian of the remaining assets in the Plan not held by Fidelity or VALIC.

	As of December 31, 2021		
	TIAA-CREF	Fidelity	VALIC
Investments, at fair value:			
TIAA unallocated insurance contracts	$ 2,405,304	$ -	$ -
TIAA pooled separate account	1,147,916	-	-
CREF variable annuities	17,689,492	-	-
Money market funds	-	931,547	2,476
Mutual funds	13,256,326	43,442,315	-
Variable deferred annuity contracts separate accounts	-	-	5,276,367
Investments, at contract value:			
TIAA unallocated insurance contracts	6,925,762	-	-
VALIC fixed annuity contracts	-	-	2,185,198
Notes receivable	44,751	74,926	-
Loan collateral and escrow funds	-	-	18,253
	$ 41,469,551	$ 44,448,788	$ 7,482,294

3. INFORMATION CERTIFIED BY THE QUALIFIED INSTITUTIONS, continued:

	As of December 31, 2020		
	TIAA-CREF	Fidelity	VALIC
Investments, at fair value:			
TIAA unallocated insurance contracts	$ 2,200,278	$ -	$ -
TIAA pooled separate account	894,137	-	-
CREF registered investment units	15,486,928	-	-
Money market funds	-	597,978	2,501
Mutual funds	9,869,979	36,899,535	-
Variable deferred annuity contracts separate accounts	-	-	4,664,895
Investments, at contract:			
TIAA unallocated insurance contracts	6,951,315	-	-
VALIC fixed annuity contracts	-	-	2,120,989
Notes receivable	46,090	39,187	-
Loan collateral and escrow funds	-	-	17,721
	$ 35,448,727	$ 37,536,700	$ 6,806,106

	For the Year Ended December 31, 2021		
	TIAA-CREF	Fidelity	VALIC
Interest and dividends	$ 1,395,030	$ 3,477,266	$ 73,601
Net appreciation in fair value of investments	$ 3,107,007	$ 1,993,429	$ 837,950

4. FAIR VALUE MEASUREMENTS:

The Plan uses appropriate valuation techniques to determine fair value based on inputs available. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs were not available.

4. FAIR VALUE MEASUREMENTS, continued:

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	Fair Value	Active Markets for Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at December 31, 2021:				
Mutual funds	$ 56,698,641	$ 56,698,641	$ -	$ -
Variable annuity contracts	22,965,859	17,689,492	5,276,367	-
Fixed annuity contracts	2,405,304	-	-	2,405,304
Pooled separate accounts	1,147,916	1,147,916	-	-
Money market funds	934,023	934,023	-	-
	$ 84,151,743	$ 76,470,072	$ 5,276,367	$ 2,405,304
Investments at December 31, 2020:				
Mutual funds	$ 46,769,514	$ 46,769,514	$ -	$ -
Variable annuity contracts	20,151,823	15,486,928	4,664,895	-
Fixed annuity contracts	2,200,278	-	-	2,200,278
Pooled separate accounts	894,137	894,137	-	-
Money market funds	600,479	600,479	-	-
	$ 70,616,231	$ 63,751,058	$ 4,664,895	$ 2,200,278

4. FAIR VALUE MEASUREMENTS, continued:

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2021 and 2020:

	Fixed Annuity Contracts
Year Ended December 31, 2021:	
Purchases	$ 338,105
Sales	$ (210,566)
Year Ended December 31, 2020:	
Purchases	$ 110,442
Sales	$ (130,952)

VALUATION TECHNIQUES

Certain variable annuity contracts, classified as level 2, are funded through a separate account that invests in mutual funds. The underlying investments are generally valued using market quotations obtained from independent pricing services. Variable annuity contracts classified as Level 1, mutual funds, and pooled separate accounts are primarily valued using market quotations or prices obtained from independent pricing sources. Fixed annuity contracts are reported at contract value, which represents fair value. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals.

Changes in valuation techniques: There were no changes in valuation techniques.

5. GUARANTEED INVESTMENT CONTRACTS WITH INSURANCE COMPANY:

The Plan has benefit-responsive guaranteed investment contracts with TIAA-CREF and VALIC. TIAA-CREF and VALIC maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by TIAA-CREF and VALIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of benefit-responsive guaranteed investment contracts at December 31, 2021 and 2020, was $9,110,960 and $9,072,304, respectively. The crediting interest rate is based on a formula agreed upon with the issuer (generally 3%, but between 1% and 3% in some recent contracts during the accumulation phase, and 2.5% during the payout phase). Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA-CREF or VALIC board of trustees on a year-by-year basis. When declared, the additional amounts remain in effect for the declaration year that begins each March 1, and are not guaranteed for future years. TIAA-CREF groups premium dollars received over defined periods into vintages for the purposes of determining the crediting rate for the applicable declaration year during the accumulation phase.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date.

6. RISK AND UNCERTAINTIES:

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

On March 11, 2020, the World Health Organization (WHO) declared the outbreak of a novel coronavirus (COVID-19) as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. The full impact of the COVID-19 outbreak continues to evolve as of the report date. Because of the uncertainty, the extent to which the COVID-19 outbreak will financially impact the Plan's operations or its financial results cannot be reasonably estimated at this time.

7. TAX STATUS:

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71 and the draft Listing of Required Modifications issued April 4, 2009. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code.

8. PARTIES-IN-INTEREST TRANSACTIONS:

Certain Plan investments are managed by TIAA-CREF, custodian. Such investments involving the custodian qualify as party-in-interest transactions. The fair value of these investments is $40,040,451 and $34,492,740 as of December 31, 2021 and 2020, respectively. Additionally, indirect fees paid to TIAA-CREF, which are included in investment income, totaled $178,464 and $166,347 for the years ended December 31, 2021 and 2020, respectively.

Certain Plan investments are managed by Fidelity, custodian. Such investments involving the custodian qualify as party-in-interest transactions. The fair value of these investments is $42,059,466 and $35,683,231 as of December 31, 2021 and 2020, respectively. Additionally, direct fees paid to Fidelity totaled $78,504 and $3,341 during the years ended December 31, 2021 and 2020, respectively.

Certain Plan investments are managed by VALIC, custodian. Such investments involving the custodian qualify as party-in-interest transactions. The fair value of these investments is $7,482,294 and $6,806,106 as of December 31, 2021 and 2020, respectively. Additionally, indirect fees paid to VALIC, which are included in investment income, totaled $450 and $268 during the years ended December 31, 2021 and 2020, respectively.

9. SUBSEQUENT EVENTS:

Subsequent events have been evaluated through October 12, 2022, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

SUPPLEMENTAL SCHEDULE

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

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

December 31, 2021

Plan's Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	TIAA-CREF:		
	CREF variable annuities:		
*	CREF	Money Market	$ 84,824
*	CREF	Stock	7,759,934
*	CREF	Equity Index	2,057,912
*	CREF	Growth	3,685,276
*	CREF	Social Choice	673,146
*	CREF	Bond Market	901,019
*	CREF	Global Equities	2,182,438
*	CREF	Inflation-Linked Bond	344,943
			17,689,492
	Unallocated insurance contracts:		
*	TIAA	TIAA Traditional-Benefit Responsive	6,302,138
*	TIAA	TIAA Traditional-Non Benefit Responsive	2,405,304
*	TIAA	TIAA Stable Value	623,624
			9,331,066
	Pooled separate account:		
*	TIAA	Real Estate	1,147,916
	Mutual funds:		
*	TIAA-CREF	Lifecycle 2010-Retirement	211,174
*	TIAA-CREF	Lifecycle 2015-Retirement	622,892
*	TIAA-CREF	Lifecycle 2020-Retirement	1,281,246
*	TIAA-CREF	Lifecycle 2025-Retirement	1,585,408
*	TIAA-CREF	Lifecycle 2030-Retirement	1,723,809
*	TIAA-CREF	Lifecycle 2035-Retirement	1,443,869
*	TIAA-CREF	Lifecycle 2040-Retirement	1,931,617

(continued)

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Schedule H, Line 4i–Schedule of Assets (Held at End of Year)
(continued)

December 31, 2021

Plan's Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	TIAA-CREF, continued:		
	Mutual funds, continued:		
*	TIAA-CREF	Lifecycle 2045-Retirement	526,563
*	TIAA-CREF	Lifecycle 2050-Retirement	566,514
*	TIAA-CREF	Lifecycle 2055-Retirement	265,908
*	TIAA-CREF	Lifecycle 2060-Retirement	12,206
*	TIAA-CREF	Lifecycle Retirement Income	30,509
*	TIAA-CREF	Bond Index Retirement	25,452
*	TIAA-CREF	International Equity Index	465,222
*	TIAA-CREF	S&P 500 Index	879,560
*	TIAA-CREF	Small Cap Blend Index	255,277
	American Funds	Capital Income Build	63,924
	JP Morgan	Equity Income Select	547,113
	Vanguard	Mid Cap Index	424,338
	Baird	Aggregate Bond	280,019
	DFA	International Value Portfolio Institutional	102,633
	DFA	5 Year Global Fixed Income Fund	11,073
			13,256,326
*	Participant Loans	Interest at 4.75%-6.50%	44,751
	Total TIAA-CREF		41,469,551
*	TIAA-CREF Parties-in-Interest		40,040,451
	TIAA-CREF Non-Parties-in-Interest		1,429,100
			41,469,551
	Fidelity Management Trust Company:		
	Money market funds:		
*	Fidelity	Cash Reserve	930,610

(continued)

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Schedule H, Line 4i–Schedule of Assets (Held at End of Year)
(continued)

December 31, 2021

Plan's Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Fidelity Management Trust Company, continued:		
	Money market funds, continued:		
*	Fidelity	Government Money Market External Fund	937
			931,547
	Mutual funds:		
	Carillon Reams	Core Plus Bond Fund Class I	206,683
	DFA	Global Equity Institutional	672,100
	DFA	5 Year Global Fixed Income Fund	96,893
	DFA	International Value I	313,577
*	Fidelity	500 Index	4,788,109
*	Fidelity	500 Index Institutional Premium	75,985
*	Fidelity	Contrafund	68,241
*	Fidelity	Conservative Income Bond Fund	18,998
*	Fidelity	Corporate Bond Fund	6,459
*	Fidelity	Emerging Markets	13,518
*	Fidelity	Emerging Markets Index Institutional Premium	4,073
*	Fidelity	Floating Rate High Income	4,058
*	Fidelity	Four in One Index	38,971
*	Fidelity	Freedom 2005	421,579
*	Fidelity	Freedom 2010	131,487
*	Fidelity	Freedom 2015	1,721,849
*	Fidelity	Freedom 2020	4,180,456
*	Fidelity	Freedom 2025	4,666,653
*	Fidelity	Freedom 2030	4,529,069
*	Fidelity	Freedom 2035	4,182,827
*	Fidelity	Freedom 2040	3,619,508
*	Fidelity	Freedom 2045	2,217,374
*	Fidelity	Freedom 2050	2,387,882
*	Fidelity	Freedom 2055	1,760,526
*	Fidelity	Freedom 2060	246,173

(continued)

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Schedule H, Line 4i–Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Plan's Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Fidelity Management Trust Company, continued:		
	Mutual funds, continued:		
*	Fidelity	Freedom 2065	10,171
*	Fidelity	Freedom Income	2,073,795
*	Fidelity	Global Ex US Index	652,722
*	Fidelity	Growth & Income II	39,114
*	Fidelity	Inflation-Protected Bond Index	394,555
*	Fidelity	Inflation-Protected Bond Index Institutional Premium	22,983
*	Fidelity	International Bond	6,017
*	Fidelity	International Bond Index Fund	141
*	Fidelity	International Enhanced Index Fund	22,705
*	Fidelity	International Index Institutional Premium	89,902
*	Fidelity	International Small Cap	15,033
*	Fidelity	Large Cap Value Index Institutional Premium	6,751
*	Fidelity	Low Priced Stock	33,408
*	Fidelity	Mid Cap Index	814,446
*	Fidelity	Mid Cap Value Index Fund	931
*	Fidelity	Nasdaq Composite Index	54,157
*	Fidelity	OTC Portfolio	64,993
*	Fidelity	Select Biotech	14,853
*	Fidelity	Select Consumer Industries	1,333
*	Fidelity	Select Cyclical Industries	10,161
*	Fidelity	Select Food & Agricultural	7,066
*	Fidelity	Select Healthcare	43,694
*	Fidelity	Select Leisure	1,186

(continued)

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Schedule H, Line 4i–Schedule of Assets (Held at End of Year)
(continued)

December 31, 2021

Plan's Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Fidelity Management Trust Company, continued:		
	Mutual funds, continued:		
*	Fidelity	Select Retailing	14,178
*	Fidelity	Select Utilities Growth	14,260
*	Fidelity	Short Term Treasury Bond Index Institutional	14,834
*	Fidelity	Small Cap Index	768,221
*	Fidelity	Small Cap Index Institutional Premium	13,541
*	Fidelity	Small Cap Stock	14,683
*	Fidelity	Small Cap Value	22,262
*	Fidelity	Total Market Index Institutional Premium Class	218,603
*	Fidelity	Structured Mid Capital Value	1,724
*	Fidelity	Structured Large Capital Value	26,918
*	Fidelity	Total International Index Fund Institutional Premium	6,516
*	Fidelity	US Bond Index Fund	471,979
*	Fidelity	Zero International Index	1,362
	Goldman Sachs	Satellite Strategies Port	17,243
	JP Morgan	Equity Income I	721,630
	JP Morgan	Income Builder R6	266,713
	JP Morgan	Core Bond Select Shares	9,773
	JP Morgan	Hedged Equity Select Cl	26,480
	Natixis	Gateway Fund Cl Y	25,660
	PIMCO	Income Fund Class A	7,521
	PIMCO	High Yield Class A	1,376
	Riskpro	Dynamic 0-10 Fund Cl R	1,236
	Riskpro	Dynamic 20-30 Fund Cl R	2,949
	Riskpro	Tactical 0-30 Fund Cl R	1,151
	Riskpro	PFG 0-15 Fd Class R	2,051
	Riskpro	PFG Tactical Income Strategy Class R	1,244
	Riskpro	PFG Equity Index Focused Strategy Class R	1,682

(continued)

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Schedule H, Line 4i–Schedule of Assets (Held at End of Year)
(continued)

December 31, 2021

Plan's Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
Fidelity Management Trust Company, continued:			
	Mutual funds, continued:		
	Riskpro	PFG Sector Equity Business Cycle Strategy R	1,605
	Riskpro	PFG BR Equity Esg Strategy Class R	1,432
	Riskpro	PFG Janus Henderson Balanced Strategy R	3,068
	Segall Bryant & Hamill	Plus Bond Fund Retail	7,255
			43,442,315
*	Participant Loans	Interest at 4.25%-6.50%	74,926
Total Fidelity Management Trust Company			44,448,788
*	Fidelity Parties-in-Interest		42,059,466
	Fidelity Non-Parties-in-Interest		2,389,322
			44,448,788
The Variable Annuity Life Insurance Company:			
	Fixed deferred annuity contracts separate accounts:		
*	VALIC	Valic Fixed Account Plus Fund	1,864,868
*	VALIC	Valic Short Term Fixed Account Fund	320,330
			2,185,198
	Money market funds:		
*	VALIC	Money Market Fund I	2,476
	Variable deferred annuity contracts separate accounts:		
*	VALIC	Aggressive Growth Lifestyle	18,398
*	VALIC	Ariel Appreciation Fund	20,461
*	VALIC	Ariel Fund	16,005
*	VALIC	Blue Chip Growth Fund	213,791
*	VALIC	Core Bond Fund	67,784
*	VALIC	Core Equity Fund	-

(continued)

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Schedule H, Line 4i–Schedule of Assets (Held at End of Year)
(continued)

December 31, 2021

Plan's Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
The Variable Annuity Life Insurance Company, continued:			
	Variable deferred annuity contracts separate accounts, continued:		
*	VALIC	Dividend Value	1,145,373
*	VALIC	Emerging Economies	27,647
*	VALIC	Global Real Estate Fund	10,905
*	VALIC	Global Strategy	29,265
*	VALIC	Government Securities Fund	6,860
*	VALIC	Growth Fund	402,181
*	VALIC	High Yield Bond Fund	33,418
*	VALIC	Inflation Protected Fund	10,282
*	VALIC	International Equities Index Fund	47,497
*	VALIC	International Government Bond	2,712
*	VALIC	International Growth I Fund	85,745
*	VALIC	International Opportunities	37,548
*	VALIC	International Value	16,246
*	VALIC	Invesco Balance Risk Commodities Strategy I	1,565
*	VALIC	Large Capital Growth	107,085
*	VALIC	Mid Cap Index Fund	302,713
*	VALIC	Mid Cap Strategic Growth	150,197
*	VALIC	Mid Cap Value Fund	26,889
*	VALIC	Moderate Growth Lifestyle	6,543
*	VALIC	Nasdaq-100 Index Fund	246,587
*	VALIC	Science & Technology Fund	601,540
*	VALIC	Small Cap Growth Fund	107,534

(continued)

SAMFORD UNIVERSITY 403(b) SALARY DEFERRAL AND DEFINED CONTRIBUTION PLAN

Schedule H, Line 4i–Schedule of Assets (Held at End of Year)
(continued)

December 31, 2021

Plan's Employer Identification Number: 63-0312914
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
The Variable Annuity Life Insurance Company, continued:			
	Variable deferred annuity contracts separate accounts, continued:		
*	VALIC	Small Cap Index Fund	71,187
*	VALIC	Small Cap Special Value Fund	20,236
*	VALIC	Small Cap Value Fund	58,933
*	VALIC	Socially Responsible Fund	50,108
*	VALIC	Stock Index Fund	717,986
*	VALIC	Systematic Core Fund	110,194
*	VALIC	Systematic Value	19,153
*	VALIC	Vanguard Long-Term Treasury	85,869
*	VALIC	Vanguard Long-Term Investment Grade Fund	2,225
*	VALIC	Vanguard Wellington Fund, Inc.	291,642
*	VALIC	Vanguard Windsor II	106,063
			5,276,367
*	VALIC	Loan Collateral Fund	17,272
*	VALIC	Loan Escrow Fund	981
			18,253
Total Variable Annuity Life Insurance Company			7,482,294
			$ 93,400,633

*Denotes party-in-interest to the Plan

041

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

☒ 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
SAMFORD UNIVERSITY 403(B) SALARY DEFERRAL
AND DEFINED CONTRIBUTION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1968

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)
SAMFORD UNIVERSITY

800 LAKESHORE DRIVE

BIRMINGHAM AL 35229-0001

2b Employer Identification Number (EIN) 63-0312914

2c Plan Sponsor's telephone number 2057262809

2d Business code (see instructions) 611000

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

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

SIGN HERE	[signature]	10/12/2022	COLIN M COYNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/12/2022	COLIN M COYNE
	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

118401 12-30-21