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
TIAA CODE SECTION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1998

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)
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

730 THIRD AVE
NEW YORK, NY 10017-3206

2b Employer Identification Number (EIN) 13-1624203

2c Plan Sponsor's telephone number 212-490-9000

2d Business code (see instructions) 525100

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.	10/13/2022	ROBERT B. WEINMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	ROBERT B. WEINMAN
	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**	25159
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)**	12261
a(2) Total number of active participants at the end of the plan year	**6a(2)**	11895
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	13509
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	25404
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	173
f Total. Add lines **6d** and **6e**	**6f**	25577
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	25180
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	400
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:

2E 2F 2G 2J 2K 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
TIAA CODE SECTION 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

D Employer Identification Number (EIN)
13-1624203

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	TIAA02	15221	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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	588853959
5	Current value of plan's interest under this contract in separate accounts at year end	5	847551662

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	579870461
c	Additions: (1) Contributions deposited during the year	7c(1)	31314597		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	17846887		
	(4) Transferred from separate account	7c(4)	74498909		
	(5) Other (specify below)	7c(5)	1672664		
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS				
	(6) Total additions			7c(6)	125333057
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	705203518
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	35856501		
	(2) Administration charge made by carrier	7e(2)	5049		
	(3) Transferred to separate account	7e(3)	78225426		
	(4) Other (specify below)	7e(4)	2262583		
	▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS				
	(5) Total deductions			7e(5)	116349559
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	588853959

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) ▶
TIAA CODE SECTION 401(K) PLAN	003

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA	13-1624203

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

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

TIAA

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	43090	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
TIAA CODE SECTION 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

D Employer Identification Number (EIN)
13-1624203

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	180622846

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S. DEBT INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK FUND INSTITUTIONAL TRUST

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)
45-4395752-000	C	30772723

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK FUND INSTITUTIONAL TRUST

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)
35-2439538-000	C	374163657

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK FUND INSTITUTIONAL TRUST

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)
45-4378115-000	C	124172371

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000 INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK FUND INSTITUTIONAL TRUST

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)
45-4352603-000	C	119091714

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK STRAT COMP NONLEND FUND

b Name of sponsor of entity listed in (a): BLACKROCK FUND INSTITUTIONAL TRUST

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)
46-3525011-000	C	762520

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODERS INTL MULTI-CAP EQ TRUST

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

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)
46-4869591-000	C	11159397

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II INTL OPP (SERIES 1)

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-159	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56722449

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX-US IDX FUND

b Name of sponsor of entity listed in (a): BLACKROCK FUND INSTITUTIONAL TRUST

c EIN-PN 45-4431087-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167043468

a Name of MTIA, CCT, PSA, or 103-12 IE: AB US SMALL & MID CAP VALUE CIT

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.

c EIN-PN 38-4116868-532	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16899340

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
TIAA CODE SECTION 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

D Employer Identification Number (EIN)
13-1624203

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	20358660	25425424
(9) Value of interest in common/collective trusts	1c(9)	717979516	900787639
(10) Value of interest in pooled separate accounts	1c(10)	136976378	180622846
(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)	1872370509	2110938359
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	579870461	588853959
(15) Other	1c(15)	180376437	206793652

			(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	3507931961	4013421879
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3507931961	4013421879

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)	41540544	
	(B) Participants	2a(1)(B)	126053668	
	(C) Others (including rollovers)	2a(1)(C)	59535629	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		227129841
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1094705	
	(F) Other	2b(1)(F)	17846887	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18941592
	(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)	131560093	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		131560093
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		139570436
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		26358081
(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)		139111136
c Other income	2c		34410376
d Total income. Add all **income** amounts in column (b) and enter total	2d		717081555
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	204473188	
(2) To insurance carriers for the provision of benefits	2e(2)	7075359	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		211548547
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	43090	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		43090
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		211591637
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		505489918
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: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		50000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
TIAA CODE SECTION 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

D Employer Identification Number (EIN)
13-1624203

Part I Distributions

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

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

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

EIN(s): 82-2826183

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



TIAA Code Section 401(k) Plan

Financial Statements
as of December 31, 2021 and 2020
and for the year ended December 31, 2021

With Supplemental Schedule
as of December 31, 2021

TIAA Code Section 401(k) Plan
December 31, 2021 and 2020

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* All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.



Report of Independent Auditors

To the Administrator of TIAA Code Section 401(k) Plan

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

We have performed an audit of the accompanying 2021 financial statements of TIAA Code Section 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The 2021 financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, including the related notes (collectively referred to as the "2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

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

Other Matter – 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended (not presented herein, other than the statement of net assets available for benefits). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by qualified institutions. In our report dated October 6, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a



whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

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

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

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



Other Matter – Supplemental Schedule Required by ERISA

Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

Charlotte, North Carolina
October 12, 2022

TIAA Code Section 401(k) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2021 and 2020

Assets	**2021**	**2020**
Investments (Notes 2, 5 & 6):		
Investments, at fair value	$ 3,399,142,496	$ 2,907,702,840
Investments, at contract value	588,853,959	579,870,461
Total investments	3,987,996,455	3,487,573,301
Receivables:		
Participant contributions receivable	4,536,503	3,877,352
Employer contribution receivable	1,399,054	3,987,473
Notes receivable from participants	25,425,424	20,358,660
Net assets available for benefits	$ 4,019,357,436	$ 3,515,796,786

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

TIAA Code Section 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions:		**2021**
Investment income:		
Net appreciation in fair value of investments	$	304,223,042
Interest and dividend income		182,492,422
Other income		3,236,386
		489,951,850
Contributions:		
Participant contributions		126,712,819
Rollover contributions		59,535,629
Employer contributions		38,951,989
		225,200,437
Total additions		715,152,287
Deductions:		
Benefits paid to participants or beneficiaries		204,473,188
Purchases of annuity contracts		7,075,359
Other fees		43,090
		211,591,637
Net increase during the year		503,560,650
Net assets available for benefits:		
Beginning of year		3,515,796,786
End of year	$	4,019,357,436

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

NOTE 1 - DESCRIPTION OF PLAN

The following description of the TIAA Code Section 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

A. General Information

The Plan is a defined contribution plan established to provide all employees of Teachers Insurance and Annuity Association of America ("TIAA" or "Company") and other TIAA subsidiaries adopted by the Plan with retirement income through a program of voluntary contributions. TIAA is the Employer, Plan Sponsor, Plan Administrator and Recordkeeper. TIAA, together with College Retirement Equities Fund ("CREF"), issues annuity contracts to the Plan. TIAA, FSB is the custodian for the Plan's investment in mutual funds and Collective Investment Trusts ("CITs"). The Plan became effective January 1, 1998, and has been amended from time to time.

Contributions under the Plan are applied in accordance with each participant's contribution allocation to (i) individual annuity contracts issued to each participant by TIAA ("TIAA Traditional Annuity Contracts" or "TIAA Traditional"), (ii) the CREF accounts through variable annuity contracts issued by CREF, (iii) the mutual funds, (iv) the CITs, (v) the TIAA Real Estate Account through unallocated variable annuity contracts issued by TIAA, or (vi) a self-directed brokerage account, which gives participants the ability to invest in over 7,000 mutual funds. CREF, a Registered Investment Company ("RIC") which issues variable annuity contracts, is a companion organization to TIAA. The Plan has a trust, the trustees of which are officers of TIAA and in which investments in the mutual funds and CITs are held. Investments in variable annuity contracts issued by CREF and the TIAA Real Estate Account are held by CREF or TIAA, as applicable.

The investments in the CREF variable annuity contracts and the mutual funds are reported as RICs, the TIAA Real Estate Account is a "Pooled Separate Account", and investments within self-directed brokerage accounts as "Self-Directed Brokerage Accounts". All investments are managed by TIAA or an affiliated entity, except the investments held within Self-Directed Brokerage Accounts and CITs. The Self-Directed Brokerage Accounts and CITs are held by TIAA, FSB as directed trustee. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

TIAA Traditional Group Supplemental Retirement Annuity ("TIAA Traditional GSRA") is an unallocated fixed annuity contract that is fully and unconditionally guaranteed by TIAA (See Note 2 - Significant Accounting Policies). During the accumulation phase, TIAA Traditional GSRA provides a guarantee of principal, a guaranteed minimum rate of interest and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year", which begins each March 1st. Additional interest is not guaranteed for future years. When the accumulation in TIAA Traditional GSRA is converted to an annuity based on life expectancy, the present value of the stream of payments is equal to the accumulation. Each participant dollar applied to the account purchases a guaranteed amount of lifetime annuity income, paid to participants when they annuitize. As in the accumulation phase, this guaranteed minimum rate may be supplemented by additional amounts declared by the TIAA Board of Trustees on a year-by-year basis.

B. Contributions

Each calendar year, a participant may contribute the lesser of: a) 100% of their base salary or b) $19,500, in accordance with the Internal Revenue Code Section 402(g) annual limit. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

The Plan includes an Employer matching contribution on 100% of the first 3% of base salary that an employee contributes into the Plan.

The annual contributions made by the employer on the participant's behalf to the TIAA Retirement Plan in combination with those made by the participant and the employer to the Plan are limited to $58,000 in 2021. In the event that the combined contributions to these plans exceed this limit, contributions to either plan are reduced.

C. Participants' Accounts

Each participant's account is credited with the participant's contributions and Employer matching contributions as well as Plan earnings. Participants designate the amount of the contributions made on his or her behalf and direct the investment of their contributions and the employer's matching contribution into the investment options offered by the Plan, and the return on those investments are credited to each participant's account. Such designation shall remain in effect until the Employer receives instructions changing such designation. Allocations of the earnings (losses) are based on the participant's choices, account balance, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting and Eligibility

All active employees who are not categorized as an intern or an on-call or short-term associate of the Company are eligible to participate in the Plan immediately on their first day of employment. Those employees who are categorized as an intern or an on-call or short-term associate are eligible to participate in the Plan after 90 days of service during their first twelve months of employment, or after that, a Plan Year.

Participants are vested immediately in their contributions plus actual earnings thereon. Participants are fully vested in the Employer matching contributions upon the earlier of (a) the time when the employee completes three years of service, (b) the date the employee attains age 65, or (c) the date of the employee's death. Additionally, participants are fully vested in the Employer matching contributions at the date of termination from employment if the participant receives benefits under the Employer's Severance Plan or Voluntary Separation Plan.

The Plan also provides a Roth 401(k) option in addition to the Traditional 401(k) and the automatic enrollment of new employees with a contribution rate starting at 3% of base salary. Employees may opt out of automatic enrollment within the first 90 days of employment. Employees that do not opt out will have their contribution percentage increased by 1% annually over 7 years unless changed. Contributions from automatically enrolled participants will be invested in the TIAA-CREF Lifecycle Fund with a target retirement age closest to their 65th birthday.

E. Payments of Benefits and Withdrawals

Following retirement or earlier termination of employment, a participant may elect to receive benefits under income options set forth in the contracts or certificates issued on his or her behalf under the terms of the Plan. Further information about the Plan provisions, including information relating to benefits, is contained in the Plan's summary plan description. Copies of this description are available from the Plan Administrator.

Benefits under the Plan are distributable to participants, their spouse and/or eligible dependent(s) no earlier than the earlier of: separation from service, death, disability, hardship withdrawal or attainment of age 59½. A distribution to a participant made prior to attaining age 59½ may be subject to a 10% early withdrawal penalty under the Internal Revenue Code. The Participant may choose from among several income options, including cash payments and an annuity settlement option. If married, the right to choose an income option will be subject to their spouse's right to survivor benefits.

F. Plan and Participant Loans

Effective January 6, 2020, the Plan discontinued offering Plan loans as separate contracts by TIAA and transitioned to participant loans funded by the participant's account. Plan loans outstanding at the time of the change will continue in runoff until all their loan terms are expired.

Plan loans:

Plan loans were previously issued as separate contracts by TIAA and thus are not part of the assets of the Plan. Plan loans are collateralized by the participant's TIAA Traditional account balances in an amount equal to 110% of the outstanding loan balances. Participants could borrow a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 45% of their account balance subject to annuity contract and Plan provisions. Plan loan

terms range from one to five years in one year increments (up to ten years for the purchase of the participant's primary residence). Principal and interest are to be paid ratably by the participant to TIAA and each payment will reduce amounts collateralized by the participants' TIAA Traditional accounts. Plan loan balances outstanding from participants to TIAA were $25,997,969 and $43,341,287 as of December 31, 2021 and 2020, respectively. As such, approximately $28,597,766 and $47,675,416 of Plan account balances as of December 31, 2021 and 2020, respectively, serve as collateral for the related Plan loans.

Participant loans:

Participant loans allow the participant to borrow directly from their own account and pay themselves back. Therefore no funds are required to be held as collateral as the loan comes directly from the participant's account. Participant loans are between the participant and the Plan and are assets of the Plan, which are classified as notes receivable from participants.

Participants can borrow a minimum of $1,000 up to a maximum $50,000 or 50% of the participant's accumulation account. The participant loans bear interest at rates that range from 3.25% to 6.5% during the period ended December 31, 2021, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Participant loan terms can not exceed five years, unless the loan is used for the purchase of a primary residence, in which case the loan may be repaid in 10 years. Principal and interest is paid ratably through monthly payroll deductions.

G. Forfeitures

When certain terminations of participants in the Plan occur, the non-vested portion of the participant's account as defined by the Plan represents a forfeiture. Forfeited amounts reduce required future employer contributions to the Plan.

Rollforward of Forfeiture Balance		
Balance at January 1, 2021	$	14,613
Amounts forfeited during the year		1,070,331
Amounts used to reduce employer contributions		(1,174,092)
Investment income during the period		126,935
Balance at December 31, 2021	**$**	**37,787**

H. Administrative Expenses

TIAA funds a Revenue Credit Account in the Plan based upon revenues generated by the Plan where the Plan maintains a balance and makes active contributions to any of the investment vehicles kept on the TIAA platform. The amount that is determined to be in excess of TIAA's revenue requirements is deposited into the Revenue Credit Account of the Plan. The Revenue Credit Accounts may only be used to pay direct, reasonable and necessary expenses of the Plan with authorization or to provide benefits for Plan participants and beneficiaries in the form of Revenue Credits. All other administrative expenses are paid by the Plan Sponsor.

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements to Form 5500 at December 31:

		2021		**2020**
Net assets available for benefits per the financial statements	$	4,019,357,436	$	3,515,796,786
Less: Participant contributions receivable		(4,536,503)		(3,877,352)
Less: Employer contributions receivable		(1,399,054)		(3,987,473)
Net assets available for benefits per the Form 5500	$	4,013,421,879	$	3,507,931,961

The following is a reconciliation of Changes in Net Assets Available for Benefits per the financial statements to Form 5500 for the year ended December 31, 2021:

	2021
Changes in net assets available for benefits per the financial statements	$ 503,560,650
Less: Change in participant contributions receivable	(659,151)
Less: Change in employer contributions receivable	2,588,419
Changes in net assets available for benefits per Form 5500	$ 505,489,918

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("US GAAP").

Investments

This Plan invests in the TIAA Traditional GSRA and the TIAA Traditional Retirement Choice Plus ("TIAA Traditional RCP") contracts. TIAA Traditional GSRA and TIAA Traditional RCP are reported at contract value. The holdings within the TIAA Traditional GSRA contain no liquidity restrictions and are fully benefit responsive. The TIAA Traditional RCP contract is only available within the Plan's Revenue Credit Account, is unallocated, and is not an option for participants. The TIAA Traditional RCP allows full cash withdrawals without restrictions or surrender charges and is benefit responsive. The contract value of TIAA Traditional GSRA and TIAA Traditional RCP equals the accumulated cash contributions and interest credited to the Plan’s contracts, less any withdrawals. Crediting rates are a combination of a guaranteed rate and an annually-established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end or the prior reporting period. For 2021, the crediting rates for the TIAA Traditional GSRA and RCP ranged from 3.00% to 3.70% and 1.75% to 3.65%, respectively, where the range of crediting rates were applied based upon the timing of funds applied.

The fair value of the investment in the RICs, the CITs and the Pooled Separate Account is equal to the net asset or accumulation value reported by the funds. Investments in Self-Directed Brokerage Accounts are reported at fair value as the Plan limits investments within these accounts solely to RICs. The Plan’s Investment Committee determines the Plan’s valuation policies by utilizing information provided by its advisors and custodian. See Note 6 - Fair Value Measurements for discussion of fair value measurements.

Net appreciation or depreciation in the fair value of investments consists of realized gains and losses and the unrealized appreciation and depreciation on the RICs, the CITs, the Pooled Separate Account and the Self-Directed Brokerage Accounts.

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

The Plan has no employees or business facilities of its own. The Employer provides the use of its employees and business facilities for Plan administration without charge. The investment earnings of the Plan are net of any investment expenses.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and related disclosures of contingent assets

and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various types of investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - INCOME TAX STATUS

The Plan is intended to be qualified under section 401(a) of the Internal Revenue Code of 1986 (the "Code") and is intended to be exempt from taxation in accordance with the applicable section of the Code. The Internal Revenue Service ("IRS") has determined and informed TIAA by letter dated October 14, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

No interest or penalties were recognized in the Statement of Changes in Net Assets Available for Benefits or accrued on the Statements of Net Assets Available for Benefits.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of an asset or liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. Plan year 2018 and subsequent are subject to examination.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Employer may amend, alter, or terminate the Plan at any time in accordance with the terms of the Plan document. In the event of a termination of the Plan, the Plan requires that the net assets of the Plan be distributed to the participants according to their individual account balances and participants would become 100 percent vested in their Employer matching contributions.

NOTE 5 - INVESTMENT INFORMATION

Contributions to the Plan are invested in TIAA Traditional, RICs, CITs, Pooled Separate Account, or Self-Directed Brokerage Accounts, according to a participant's allocation election. Individual retirement annuity contracts/ certificates are issued on behalf of and in the name of the participant who invests in them.

Information regarding investments, notes receivable from participants, interest and dividend income and net appreciation in the fair value of investments presented or summarized in the accompanying Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits, as well as in the supplemental Schedule of Assets (Held at End of Year) - Schedule H, Line 4i, were derived from the information certified as complete and accurate by the following entities:

		For the years ended December 31,	
Certification	**Financial Statement Line Item**	**2021**	**2020**
TIAA	Investments, at fair value:		
	Pooled Separate Account	$ 180,622,846	$ 136,976,378
	Investments, at contract value:		
	TIAA Traditional GSRA	$ 588,371,194	$ 579,489,290
	TIAA Traditional RCP	$ 482,765	$ 381,171
	Notes receivable from participants	$ 25,425,424	$ 20,358,660
	Interest and dividend income	$ 17,903,624	
	Net appreciation in fair value of investments	$ 26,355,260	
CREF	Investments, at fair value		
	CREF variable annuity contracts	$ 666,928,816	$ 597,382,648
	Interest and dividend income	$ 69,207	
	Net appreciation in fair value of investments	$ 92,027,876	
TIAA on behalf of TIAA, FSB	Investments, at fair value		
	Mutual Funds	$ 1,444,009,543	$ 1,274,987,862
	Collective Investment Trusts	$ 900,787,639	$ 717,979,515
	Self-Directed Brokerage Accounts	$ 206,793,652	$ 180,376,437
	Interest and dividend income	$ 164,519,591	
	Net appreciation in fair value of investments	$ 185,839,906	
Total	Investments, at fair value	$ 3,399,142,496	$ 2,907,702,840
	Investments, at contract value	$ 588,853,959	$ 579,870,461
	Notes receivable from participants	$ 25,425,424	$ 20,358,660
	Interest and dividend income	$ 182,492,422	
	Net appreciation in fair value of investments	$ 304,223,042	

NOTE 6 - FAIR VALUE MEASUREMENTS

ASC No. 820 establishes a framework for measuring fair value. The framework provides a hierarchy that prioritizes valuation inputs used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurement) and lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC No. 820 are described as follows:

Level 1:
Inputs are unadjusted quoted prices in active markets for identical assets and liabilities.

Level 2:
Other than quoted prices within Level 1 inputs are observable for the asset or liability, either directly or indirectly.

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets,
- quoted prices for identical or similar assets or liabilities in markets that are not active,
- inputs other than quoted prices that are observable for the asset or liability,
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3:
Inputs are unobservable inputs for the asset or liability supported by little or no market activity. Unobservable inputs reflect assumptions that market participants would be expected to use in pricing the asset or liability. Unobservable inputs are adjusted if information is reasonably available without undue cost and effort that indicates that market participants would use different assumptions.

The RICs are considered Level 1 because they are based on the net asset values (“NAV”) or accumulation unit values (“AUV”), respectively, computed each day and available on the TIAA public website and other public sources. Units may be purchased or sold daily at the quoted NAV or AUV. AUV is based on the fair value of the underlying investments held by the fund less its liabilities. Participants’ transactions may occur daily. Self-Directed Brokerage Accounts are reported as Level 1 as participant's investment options are limited solely to RICs.

CITs are tax exempt, pooled investment vehicles maintained by a bank or trust company. CITs are considered level 2 because they transact utilizing a share price (AUV), which is not traded on an exchange. Participant transactions (purchases and sales) may occur daily with no notice period. Were the Plan Sponsor to initiate a full redemption of the CITs, the Investment adviser asks for 5 business days’ notice for the Wellington and Schroders funds, and 30 days’ notice for the Alliance Bernstein and BlackRock funds, in order to ensure that securities liquidations will be carried out in an orderly business manner. The CITs have no unfunded commitments.

The Plan holds investments in CITs as follows:

- BlackRock Strategic Completion Non-Lendable Fund - The objective of this fund is to provide long-term investors with an asset allocation strategy designed to provide a strategic portfolio of diversifying and real return type asset classes.
- BlackRock Equity Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the S&P 500.
- BlackRock U.S. Debt Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the Bloomberg Barclays U.S. Aggregate Bond Index.
- BlackRock Mid Cap Equity Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the S&P Mid Cap 400 Index.

- BlackRock MSCI ACWI ex-U.S. Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the MSCI ACWI ex-U.S. Net Dividend Return Index.
- BlackRock Russell 2000 Index Fund - This fund is an “index” fund whose objective is to seek investment results that correspond generally to the price and yield performance, before fees and expenses, of the Russell 2000 Index.
- Schroders International Multi-Cap Equity Trust - The objective of this fund is to seek long-term capital appreciation using a bottom-up, index-unconstrained approach to international stock investing providing diversification across countries, sectors and market capitalizations.
- Wellington International Opportunities Series 1 Portfolio - The objective of this fund is to provide long-term total return in excess of the MSCI All Country World ex US Index.
- Alliance Bernstein US Small and Mid Cap Value Fund - This fund seeks long-term capital growth by investing primarily in small and mid-cap US stocks that offer compelling long-term return potential at attractive valuations.

The Pooled Separate Account has a quoted AUV, and is considered Level 2 because it is not traded on an exchange and has restrictions on transfers and withdrawals.

The following table sets forth, by level within the hierarchy, the Plan’s investments at fair value as of:

	December 31, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest in:				
Registered Investment Companies	$ 2,110,938,359	$ —	$ —	$ 2,110,938,359
Collective Investment Trusts	—	900,787,639	—	900,787,639
Self-Directed Brokerage Accounts	206,793,652	—	—	206,793,652
Pooled Separate Account	—	180,622,846	—	180,622,846
Total investments at fair value	$ 2,317,732,011	$ 1,081,410,485	$ —	$ 3,399,142,496

	December 31, 2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest in:				
Registered Investment Companies	$ 1,872,370,510	$ —	$ —	$ 1,872,370,510
Collective Investment Trusts	—	717,979,515	—	717,979,515
Self-Directed Brokerage Accounts	180,376,437	—	—	180,376,437
Pooled Separate Account	—	136,976,378	—	136,976,378
Total investments at fair value	$ 2,052,746,947	$ 854,955,893	$ —	$ 2,907,702,840

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

All Plan investments and securities are managed by TIAA. TIAA is a party-in-interest as the Plan Sponsor and provider of investment management and accounting services to the Plan and, therefore, these transactions, as well as notes receivable from participants, qualify as party-in-interest transactions that are allowable under ERISA. TIAA has a revenue credit agreement with the Plan Sponsor, to fund a revenue credit account within the Plan, based upon revenues generated by certain Plan investments that exceed certain thresholds. The Plan allocated $2,118,347 to participant accounts in 2021. TIAA contributed $2,195,597 to the revenue credit account during 2021. The account balance was $482,765 and $381,171 at December 31, 2021 and 2020, respectively.

NOTE 8 - SUBSEQUENT EVENTS

Subsequent events have been considered through October 12, 2022, the date the financial statements were available to be issued. Based on this evaluation, no adjustments were required to the financial statements as of December 31, 2021.

Supplemental Schedule

TIAA Code Section 401(k) Plan
Schedule of Assets (Held at End of Year) - Schedule H, Line 4i
December 31, 2021

	Identity of Issue, Type of Fund	Description of Investment	Cost***	Current Value
*	CREF Stock R3	Registered Investment Company	***	211,762,392
*	CREF Money Market R3	Registered Investment Company	***	28,133,414
*	CREF Social Choice R3	Registered Investment Company	***	53,389,687
*	CREF Bond Market R3	Registered Investment Company	***	47,968,224
*	CREF Global Equities R3	Registered Investment Company	***	115,826,551
*	CREF Growth R3	Registered Investment Company	***	143,244,545
*	CREF Equity Index R3	Registered Investment Company	***	55,200,833
*	CREF Inflation-Linked Bond R3	Registered Investment Company	***	11,403,170
*	TIAA-CREF Core Plus Bond-Inst	Registered Investment Company (Mutual Funds)	***	52,675,481
*	TIAA-CREF High-Yield-Inst	Registered Investment Company (Mutual Funds)	***	30,155,300
*	TIAA-CREF Lfcyle Rtmt Inc-Inst	Registered Investment Company (Mutual Funds)	***	2,583,753
*	TIAA-CREF Lg-Cap Gr-Inst	Registered Investment Company (Mutual Funds)	***	99,316,360
	Vanguard Explorer Adm	Registered Investment Company (Mutual Funds)	***	25,118,346
*	TIAA-CREF Lifecycle 2010-Inst	Registered Investment Company (Mutual Funds)	***	8,654,183
*	TIAA-CREF Lifecycle 2015-Inst	Registered Investment Company (Mutual Funds)	***	19,004,124
*	TIAA-CREF Lifecycle 2020-Inst	Registered Investment Company (Mutual Funds)	***	54,259,851
*	TIAA-CREF Lifecycle 2025-Inst	Registered Investment Company (Mutual Funds)	***	140,702,221
*	TIAA-CREF Lifecycle 2030-Inst	Registered Investment Company (Mutual Funds)	***	166,335,205
*	TIAA-CREF Lifecycle 2035-Inst	Registered Investment Company (Mutual Funds)	***	190,450,554
*	TIAA-CREF Lifecycle 2040-Inst	Registered Investment Company (Mutual Funds)	***	159,739,455
*	TIAA-CREF Lifecycle 2045-Inst	Registered Investment Company (Mutual Funds)	***	121,072,695
*	TIAA-CREF Lifecycle 2050-Inst	Registered Investment Company (Mutual Funds)	***	75,261,605
*	TIAA-CREF Lifecycle 2055-Inst	Registered Investment Company (Mutual Funds)	***	37,247,889
*	TIAA-CREF Lifecycle 2060-Inst	Registered Investment Company (Mutual Funds)	***	20,253,134
*	TIAA-CREF Lifecycle 2065-Inst	Registered Investment Company (Mutual Funds)	***	2,526,334
*	TIAA-CREF Short-Term Bond-Inst	Registered Investment Company (Mutual Funds)	***	9,674,806
	JPMorgan Equity Inc Fd Cla R6	Registered Investment Company (Mutual Funds)	***	103,520,898

TIAA Code Section 401(k) Plan
Schedule of Assets (Held at End of Year) - Schedule H, Line 4i (continued)
December 31, 2021

	Identity of Issue, Type of Fund	Description of Investment	Cost***	Current Value
*	TIAA-CREF Social Ch Eq-Inst	Registered Investment Company (Mutual Funds)	***	115,241,683
	Vanguard Federal Money Mkt Inv	Registered Investment Company (Mutual Funds)	***	10,215,666
	BlackRock U.S. Debt Index Fund	Collective Investment Trust	***	30,772,723
	BlackRock Equity Index Fund	Collective Investment Trust	***	374,163,657
	BlackRock Mid Cap Equity Index Fund	Collective Investment Trust	***	124,172,371
	BlackRock Russell 2000 Index Fund	Collective Investment Trust	***	119,091,714
	BlackRock Strategic Completion Non-Lendable Fund	Collective Investment Trust	***	762,520
	Alliance Bernstein US Small and Mid Cap Value Fund	Collective Investment Trust	***	16,899,340
	Schroders International Multi-Cap Equity Trust	Collective Investment Trust	***	11,159,397
	Wellington International Opportunities Series 1 Portfolio	Collective Investment Trust	***	56,722,449
	BlackRock MSCI ACWI ex-U.S. Index Fund	Collective Investment Trust	***	167,043,468
**	TIAA-CREF Self Directed Acct	Registered Investment Company	***	206,793,652
*	Real Estate Separate Account	Pooled Separate Account	***	180,622,846
*	TIAA Traditional Annuity Benefit Responsive	TIAA Traditional GSRA	***	588,371,194
*	TIAA Traditional Annuity Benefit Responsive 2	TIAA Traditional RCP	$482,097	482,765
*	Notes Receivable from Participants	See footnote below****	***	25,425,424
	Total			4,013,421,879

* Party in-interest

** Participants have the ability to invest in over 7,000 Registered Investment Companies through the Self-Directed Brokerage Account, including funds administered by TIAA-CREF and Nuveen. Portions of the self-directed balance can and do contain investments in these proprietary funds as of December 31, 2021.

*** Cost is omitted because plan investments are participant-directed

****Participant loans have interest rates ranging from 3.25% to 6.50% with the latest maturity date of March 2033.

The information in this schedule has been certified as to its completeness and accuracy by TIAA and CREF as shown in Note 5 to the Plan's financial statements.

Plan Name	**TIAA Code Section 401(k) Plan**
Plan Sponsor EIN	**13-1624203**
ERISA Plan #	**003**
Plan Year Ending	**December 31, 2021**

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

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

Plan Name	**TIAA Code Section 401(k) Plan**
Plan Sponsor EIN	**13-1624203**
ERISA Plan #	**003**
Plan Year Ending	**December 31, 2021**

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

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