

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</u> <u>118 E. MAIN STREET</u> <u>BEDFORD, VA 24523</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/2018</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>82-4833402</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>540-586-2630</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>611000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>08/01/2018</u>		2b Employer Identification Number (EIN) <u>82-4833402</u>		2c Plan Sponsor's telephone number <u>540-586-2630</u>		2d Business code (see instructions) <u>611000</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>										
1c Effective date of plan <u>08/01/2018</u>											
2b Employer Identification Number (EIN) <u>82-4833402</u>											
2c Plan Sponsor's telephone number <u>540-586-2630</u>											
2d Business code (see instructions) <u>611000</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	BETTY CALDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor PENTEGRA SERVICES, INC. 701 WESTCHESTER AVEUNE, SUITE 320E WHITE PLAINS, NY 10604		3b Administrator's EIN 13-3745616
		3c Administrator's telephone number 844-367-2848
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 10449
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) 5649
a(2) Total number of active participants at the end of the plan year		6a(2) 4867
b Retired or separated participants receiving benefits.....		6b
c Other retired or separated participants entitled to future benefits		6c 5350
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 10217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 41
f Total. Add lines 6d and 6e		6f 10258
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 9946
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 16
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 2G 2L 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	407460	5960	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	211510014
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	397265587

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

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

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

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

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

b	Balance at the end of the previous year	7b	217703686
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)	487293	
	(3) Interest credited during the year.....	7c(3)	7415102	
	(4) Transferred from separate account.....	7c(4)	21618040	
	(5) Other (specify below)	7c(5)	125390	

▶ OTHER

(6) Total additions	7c(6)	29645825
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d Total of balance and additions (add lines 7b and 7c(6))	7d	247349511
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14956772	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)	20858480	
(4) Other (specify below)	7e(4)	24245	

▶ OTHER

(5) Total deductions	7e(5)	35839497
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	211510014
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402

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

(a) Name of insurance carrier
THE VARIABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	42776	23	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 330	(b) Total amount of fees paid 0
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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
MARK MADDEN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
177			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JASON COTTON
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70			3

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

NATHAN THURSTON

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33			3

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

BRENTON FIELDS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

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

ELISA COSBY

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	531309
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1410659

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

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

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

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

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

b	Balance at the end of the previous year	7b	513257
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	20496	
	(4) Transferred from separate account.....	7c(4)	5166	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	25662
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	538919
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7346	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		

(4) Other (specify below)	7e(4)	264
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▶ OTHER

(5) Total deductions	7e(5)	7610
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	531309
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402

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

(a) Name of insurance carrier
VOYA RETIREMENT INSTITUTION

(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
71-0294708	86509	VF2494	11	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 989	(b) Total amount of fees paid 0
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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
MARTA A STEANE
350 FONTANA ROAD
FRONT ROYAL, VA 22630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
989			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	302030
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	27447

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

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

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

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

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

b	Balance at the end of the previous year	7b	417387
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	10466
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	10466
d	Total of balance and additions (add lines 7b and 7c(6))	7d	427853
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20220
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	105603
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	125823
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	302030

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP00743	3	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 264	(b) Total amount of fees paid 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
LINCOLN FINANCIAL ADVISORS 1300 S. CLINTON ST, STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
264			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	25861
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	69575

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**

30937

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

(2) Dividends and credits.....

7c(2)

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

7c(3)

1081

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

1081

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

32018

e Deductions:

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

7e(1)

849

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

7e(2)

18

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

7e(3)

(4) Other (specify below)

7e(4)

5290

▶ OTHER

(5) Total deductions

7e(5)

6157

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

25861

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA	730 THIRD AVE NEW YORK, NY 10017
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)

MILLENNIUM ADVISORY SERVICES, INC

5340 TWIN HICKORY RD
GLEN ALLEN, VA 23059

54-2020086

(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?
26	INVESTMENT ADVISOR	1536628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

730 THIRD AVE
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	INVESTMENT PROVIDER	412751	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PENTEGRA SERVICES, INC

701 WESTCHESTER AVE, STE 320E
WHITE PLANINS, NY 10604

13-3745616

(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?
14	PLAN ADMINISTRATOR TPA	278639	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)

RIGGS,COUNSELMAN,MICHAELS & DOWNES,

555 FAIRMOUNT AVE
BALTIMORE, MD 21286

52-0555835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	145763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGEVIEW ADVISORY GROUP

1920 MAIN ST, #800
IRVINE, CA 92614

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	120247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTON LARSON ALLEN, LLP

220 S 6TH ST, STE 300
MINNEAPOLIS, MN 55402

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	49925	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)

TROUTMAN SANDERS, LLP

600 PEACHTREE STREET, ME
ATLANTA, GA 30308

58-0946915

(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?
26	ATTORNEY	49592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COUNCIL OF IND COLLEGES OF VA

188 E. MAIN ST.
BEDFORD, VA 24523

54-0887849

(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?
14	PLAN ADMINISTRATOR	37250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRM CONSULTING

1841 13TH STREET NW
WASHINGTON, DC 20009

52-2156813

(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?
26	CONSULTANT	32100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FIDELITY INVESTMENTS

245 SUMMER STREET
BOSTON, MA 02210

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	1703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINCOLN NATIONAL CORPORATION

150 N RADNOR CHESTER RD
RADNOR, PA 19087

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RECORDKEEPER	75	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYA RETIREMENT INSURANCE

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RECORDKEEPER	48	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.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</u>	B Three-digit plan number (PN) <u>333</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</u>	D Employer Identification Number (EIN) <u>82-4833402</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26908615</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VALIC ANNUITY SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>74-1625348-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1410659</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

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 <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</u>	D Employer Identification Number (EIN) <u>82-4833402</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash.....	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	81432	217848
	(2) Participant contributions.....	1b(2)	99836	93603
	(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)	1618860	1695263
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	23221983	26908615
	(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)	708070956	790761989
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	215038208	212396152
	(15) Other.....	1c(15)	0	1399102

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	948131275	1033472572

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	948131275	1033472572
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	14613197	
(B) Participants	2a(1)(B)	16555959	
(C) Others (including rollovers).....	2a(1)(C)	2735293	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		33904449
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	103	
(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)	92458	
(F) Other	2b(1)(F)	7662360	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7754921
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	162135	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	25003185	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25165320
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		4130228
(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)		79724468
c Other income.....	2c		701402
d Total income. Add all income amounts in column (b) and enter total.....	2d		151380788
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	69033940	
(2) To insurance carriers for the provision of benefits.....	2e(2)	4871499	
(3) Other.....	2e(3)	137014	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		74042453
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		98425
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	1243705	
(3) Investment advisory and management fees.....	2i(3)	1417373	
(4) Other.....	2i(4)	115690	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2776768
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		76917646
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		74463142
l Transfers of assets:			
(1) To this plan.....	2l(1)		10878155
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		1906273

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA		B Three-digit plan number (PN) 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION		D Employer Identification Number (EIN) 82-4833402
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**SECTION 403(B) DEFINED CONTRIBUTION
PLAN FOR TAX EXEMPT COLLEGES
AND UNIVERSITIES IN VIRGINIA**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2021 AND 2020**



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**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
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INDEPENDENT AUDITORS' REPORT

CICV MEP Governing Committee and Plan Participants
Section 403(b) Defined Contribution Plan for
Tax Exempt Colleges and Universities in Virginia
Bedford, Virginia

Report on the Audit of the Financial Statements

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

We have performed an audit of the accompanying financial statements of Section 403(b) Defined Contribution Plan for Tax Exempt Colleges and Universities in Virginia (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the 2021 financial statements referred to above, 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.

CICV MEP Governing Committee and Plan Participants
Section 403(b) Defined Contribution Plan for
Tax Exempt Colleges and Universities in Virginia

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 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.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 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.

CICV MEP Governing Committee and Plan Participants
Section 403(b) Defined Contribution Plan for
Tax Exempt Colleges and Universities in Virginia

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of participant delinquent contributions as of and for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

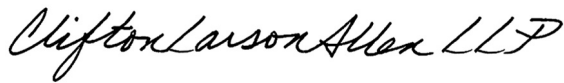
In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CICV MEP Governing Committee and Plan Participants
Section 403(b) Defined Contribution Plan for
Tax Exempt Colleges and Universities in Virginia

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated August 31, 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.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Arlington, Virginia
October 5, 2022

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS (at Fair Value)	\$ 1,005,415,645	\$ 919,962,646
INVESTMENTS (at Contract Value)	26,050,213	26,368,501
RECEIVABLES		
Employee Deferral Contributions	93,603	99,836
Employer Contributions	217,848	81,432
Notes Receivable from Participants	<u>1,695,263</u>	<u>1,618,860</u>
Total Receivables	<u>2,006,714</u>	<u>1,800,128</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,033,472,572</u></u>	<u><u>\$ 948,131,275</u></u>

See accompanying Notes to Financial Statements.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 115,410,994	\$ 105,440,579
Interest and Dividends	1,135,424	16,534,315
Net Investment Income	<u>116,546,418</u>	<u>121,974,894</u>
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	92,458	70,707
CONTRIBUTIONS		
Employee Deferral	16,555,959	15,703,267
Employer	14,613,197	14,476,636
Employee Rollover	<u>2,735,293</u>	<u>2,538,028</u>
Total Contributions	<u>33,904,449</u>	<u>32,717,931</u>
OTHER INCOME	<u>2,017,628</u>	<u>1,695,083</u>
Total Additions	152,560,953	156,458,615
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	74,042,453	61,691,912
ADMINISTRATIVE EXPENSES	<u>4,055,358</u>	<u>3,484,247</u>
Total Deductions	<u>78,097,811</u>	<u>65,176,159</u>
NET INCREASE BEFORE TRANSFERS	74,463,142	91,282,456
Transfer of Net Assets from Appalachian College of Pharmacy Defined Contribution Plan	-	7,412,126
Transfer of Net Assets from Retirement Plan for Employees of Hollins University	-	64,638,458
Transfer of Net Assets from Sweet Briar College Defined Contribution Retirement Plan and Sweet Briar College Tax- Deferred Annuity Plan	-	61,119,470
Transfer of Net Assets from Appalachian School of Law 403(B) DC Plan	<u>10,878,155</u>	<u>-</u>
Total Transfer	<u>10,878,155</u>	<u>133,170,054</u>
NET INCREASE	85,341,297	224,452,510
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>948,131,275</u>	<u>723,678,765</u>
End of Year	<u><u>\$ 1,033,472,572</u></u>	<u><u>\$ 948,131,275</u></u>

See accompanying Notes to Financial Statements.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 DESCRIPTION OF PLAN

The following description of Section 403(b) Defined Contribution Plan for Tax Exempt Colleges and Universities in Virginia (the Plan) provides only general information. Participants should refer to the Plan document and their Employer's adoption agreements and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan originally effective January 1, 2018 and recently amended January 1, 2020. The Plan allows for each participating employer to determine eligible employees in compliance with Section 403(b) of the Internal Revenue Code (IRC). The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Governing Committee is responsible for the oversight of the Plan. The Governing Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective April 1, 2020, Hollins University elected to be a participating employer of the Plan. On April 1, 2020, employees of Hollins University were allowed to participate in the Plan, and assets totaling \$64,638,458 of the Retirement Plan for Employees of Hollins University were merged into the Plan.

Effective May 1, 2020, Appalachian College of Pharmacy elected to be a participating employer of the Plan. On May 1, 2020, employees of Appalachian College of Pharmacy were allowed to participate in the Plan, and assets totaling \$7,412,126 of the Appalachian College of Pharmacy Defined Contribution Plan were merged into the Plan.

Effective July 1, 2020, Sweet Briar College elected to be a participating employer of the Plan. On July 1, 2020, employees of Sweet Briar were allowed to participate in the Plan, and assets totaling \$61,119,470 of the Sweet Briar College Defined Contribution Retirement Plan and Sweet Briar College Tax-Deferred Annuity Plan were merged into the Plan.

Effective January 1, 2021, Appalachian School of Law elected to be a participating employer of the Plan. On January 1, 2021, employees of Appalachian School of Law were allowed to participate in the Plan, and assets totaling \$10,878,155 of the Appalachian School of Law 403(B) DC Plan were merged into the Plan.

Contributions

The Plan includes a salary deferral arrangement allowed under Section 403(b) of the IRC. Based upon the Plan options that each Participating Employer selects in its adoption agreement, eligible participants are permitted to elect to have a percentage or dollar value of their compensation contributed as pre-tax 403(b) or Roth contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

The Participating Employer, as elected in their adoption agreement, may elect to make a qualified matching contribution, safe-harbor contribution, nonelective contribution, and/or profit-sharing contribution (employer contributions) to the Plan. Total participant and employer contributions in a calendar year for each participant cannot exceed 100% of W-2 compensation for the year or \$58,000 (\$64,500 including catch-up contributions) in 2021 and \$57,000 (\$63,500 including catch-up contributions) in 2020, whichever is less.

Participants may also contribute rollover amounts representing distributions from other qualified plans. Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the employer contributions, and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. Additionally, participants are also allocated a share of the Plan's administration fee through a flat fee annually. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer contribution portion of their accounts, plus actual earnings thereon, is based on the election by each participating employer in their adoption agreement. Notwithstanding the above, a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate of prime plus 1% at the time the loan is issued. Principal and interest is paid ratably through payroll deductions.

Plan Loans

Participants in the Plan may borrow up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. These loans are direct loans between the participant and TIAA, the insurance company. Loan repayment terms are generally for a period of up to five years, with exceptions permitted for the purchase of a principal residence.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Loans (Continued)

The interest rate applied to Plan loans is based on the monthly average yield reported by Moody's Corporate Bond Yield Averages as published by Moody's Investors Service, Inc. for the calendar month ending two months before the loan is issued. The interest rate is subject to change once each year on the first day of the month in which the loan was made.

The related loan repayments, including both principal and interest are the responsibility of the participant, and are payable to TIAA on a monthly or quarterly basis, as stated in the individual loan agreements.

Loans are collateralized at 110% of the original loan value which is transferred from the participant's accumulation account into a distinct TIAA Traditional Annuities account. The collateralized funds remain in Plan assets throughout the term of the loan, earning interest over the loan term, and are included in the balance for TIAA Traditional Annuities, which are investments that are reported in the statements of net assets available for benefits. As loan repayments are made to TIAA, an amount equal to the principal portion of the repayment is transferred from the TIAA Traditional Annuities account to the participant's accumulation account. All interest earned on the loan is maintained by TIAA. The Plan loan balances included in TIAA Traditional Annuities were \$607,271 and \$1,041,874 as of December 31, 2021 and 2020, respectively, and were collateralized by approximately \$667,998 and \$1,146,062 of investments included in the statements of net assets available for benefits as of December 31, 2021 and 2020, respectively. As of December 31, 2021 and 2020, loans in default were \$122,899 and \$155,708, respectively.

Benefit Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump-sum distribution, annuity contract purchase, or installments. The Plan, if elected by the participating employer, allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Forfeited Accounts

Forfeited nonvested accounts are first used to reduce administrative expenses and then are used to reduce future Company contributions. Forfeited nonvested accounts as of December 31, 2021 and 2020 totaled \$7,683 and \$124,053, respectively. There were no forfeitures used to pay administrative expenses for the years ended December 31, 2021 and 2020. There were \$184,295 and \$126,400 of forfeitures used to reduce Employer contributions for the years ended December 31, 2021 and 2020, respectively.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Governing Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodian, trustees, and insurance companies. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Expenses paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investment presented in the accompanying statements of changes in net assets available for benefits. The Plan received \$1,458,327 and \$1,330,125 of ERISA spending account revenue for which \$1,418,407 and \$1,204,355 was used to pay Plan expenses during the years ended December 31, 2021 and 2020, respectively. As of December 31, 2021 and 2020, the ERISA spending account totaled \$623,555 and \$547,187, respectively.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

The Plan has evaluated subsequent events through October 5, 2022, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

TIAA and CREF, TIAA on behalf of TIAA, FSB, Lincoln National Life Insurance Company, The Variable Annuity Life Insurance Company, the insurance companies, and Fidelity Management Trust Company and Newport Trust Company, the trustees, have supplied the Plan administrator with certifications as to the completeness and accuracy of investment information and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2021.

Investments totaling \$329,477 and \$425,587 and notes receivable from participants totaling \$13,750 and \$29,781 held by Voya Retirement Insurance and Annuity Company were not certified as of December 31, 2021 and 2020, respectively.

Investments totaling \$167,744 and \$130,968 held by Invesco Investment Services, Inc. were not certified as of December 31, 2021 and 2020, respectively.

The related investment activity not covered by the certification is not significant for the years ended December 31, 2021 and 2020.

NOTE 4 FAIR VALUE OF INVESTMENTS

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

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

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market Fund: Valued based on cost, which approximates fair value in a noninflationary economy and is protected by the FDIC

Pooled Separate Account: The fair value of the Plan's interest in the TIAA Real Estate Account (a pooled separate account) is based on the fund's daily NAV, which is considered by Plan management to be the best approximation of fair value. The unit value of the fund is calculated daily and available to Plan administrators and client investors on TIAA's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA general account provides the fund with a liquidity guarantee whereby TIAA ensures that the fund has funds available to meet participant redemption, transfer, or cash withdrawal requests.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
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NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Subaccounts of Variable Annuities: Valued at NAV of shares, which are valued by TIAA and CREF or The Variable Annuity Life Insurance Company at accumulation unit value based on the estimated value of the underlying investments, held by the Plan at year-end. The unit value of the fund is calculated daily and available to Plan administrators and client investors. In an effort to reduce market timing and excessive trading, shareholders will be locked out of a fund for 90 days if a purchase, sale, and repurchase with that fund is made within a 60-day period.

Nonbenefit Responsive Fixed Account: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Valuation approaches are reviewed on an ongoing basis and revised as necessary based on changing market conditions to ensure values represent a reasonable exit price.

Self-Directed Brokerage Account: The investments in the brokerage link account consist primarily of mutual funds, which are reported at fair value based on quoted market prices, and money market funds, which are valued based on cost, which approximates fair value in a noninflationary economy and is protected by the FDIC.

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2021			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 418,795,533	\$ -	\$ -	\$ 418,795,533
Money Market Fund	128,408	-	-	128,408
Pooled Separate Account	-	26,908,615	-	26,908,615
Subaccounts of Variable Annuities	-	371,838,048	-	371,838,048
Nonbenefit Responsive Fixed Accounts	-	-	186,345,939	186,345,939
Self-Directed Brokerage Account	1,399,102	-	-	1,399,102
Total Investments at Fair Value	<u>\$ 420,323,043</u>	<u>\$ 398,746,663</u>	<u>\$ 186,345,939</u>	<u>\$ 1,005,415,645</u>

	2020			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 361,726,729	\$ -	\$ -	\$ 361,726,729
Pooled Separate Account	-	23,230,183	-	23,230,183
Subaccounts of Variable Annuities	-	345,263,576	-	345,263,576
Nonbenefit Responsive Fixed Accounts	-	-	188,697,225	188,697,225
Self-Directed Brokerage Account	1,044,933	-	-	1,044,933
Total Investments at Fair Value	<u>\$ 362,771,662</u>	<u>\$ 368,493,759</u>	<u>\$ 188,697,225</u>	<u>\$ 919,962,646</u>

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
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DECEMBER 31, 2021 AND 2020**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of value for those inputs as of December 31:

Instrument	Fair Value 2021	Fair Value 2020	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Non-Benefit Responsive Fixed Accounts	\$ 185,485,995	\$ 187,739,063	Discounted Cash Flow Theoretical Transfer (exit value)	Risk-Adjusted Discount Rate Applied	RA - 3.00% - 3.80% SRA - 3.00% - 3.05% GRA - 3.00% - 3.80% GSRA - 3.00% -3.05% RC - 2.75% - 3.90% RCP - 2.00% to 3.15%
VALIC Fixed Account Plus	\$ 530,975	\$ 540,449	There are no unobservable inputs for the VALIC Level 3 assets. However, Due to withdrawal restrictions, they are reported as Level 3		
VALIC Short-Term Fixed	\$ 26,939	\$ 326	There are no unobservable inputs for the VALIC Level 3 assets. However, Due to withdrawal restrictions, they are reported as Level 3		
VOYA Insurance Contract	\$ 302,030	\$ 417,387	Theoretical transfer (contract value)	Composite credit rating	3%

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

Each participant maintains an individual annuity contract with TIAA. As part of the contracts, TIAA may maintain a portion of the contributions in a "guaranteed account," which is called the Traditional Fixed Account. This account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses charged by TIAA. The guaranteed minimum rate of interest is based on a formula established by TIAA and is between 1% and 3%. Any additional interest is not guaranteed. The Traditional Fixed Account does not permit TIAA to terminate the agreement prior the scheduled maturity date.

Certain Traditional Fixed Account individual annuity contracts are considered to be nonbenefit-responsive. These contracts are included in the financial statements at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. These contracts are subject to a 10-year withdrawal period. Upon termination of the contracts, the amount of each transfer payout annuity payment will be determined as of the annuity starting date for the transfer payout annuity by the amount of the Traditional Fixed Account accumulation and the interest rates in the rate schedules under which any premiums, additional amounts, and internal transfers were applied to the account.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Certain Traditional Fixed Account individual annuity contracts meet the fully benefit-responsive criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Upon termination of the investment contract, the lump-sum liquidation value of the guaranteed account portion of the participant's accumulation value shall be equal to the product of (a) the participant's guaranteed account accumulation value on the liquidation date, reduced by the liquidation charge applicable on the liquidation date, and (b) a market value adjustment percentage. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

In 2019, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Lincoln National Life Insurance Company (Lincoln) (insurance company). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY (CONTINUED)

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

Additionally, the Plan entered into investment contracts with The Variable Annuity Life Insurance Company and VOYA Retirement Insurance and Annuity Company that are considered to be nonbenefit-responsive. These contracts are included in the financial statements at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. These contracts are subject to a withdrawal period. Upon termination of the contracts, the amount of each transfer payout annuity payment will be determined as of the annuity starting date for the transfer payout annuity by the amount of the Fixed Account accumulation and the interest rates in the rate schedules under which any premiums, additional amounts, and internal transfers were applied to the account.

NOTE 6 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities 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 the 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.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Governing Committee has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their Employer contributions.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 8 PLAN TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b).

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by TIAA and CREF, TIAA on behalf of TIAA, FSB, The Variable Annuity Life Insurance Company, Voya Retirement Insurance and Annuity Company, and Lincoln National Life Insurance Company, the insurance companies, and Fidelity Management Trust Company, and Newport Trust Company, the trustees, and Invesco Investment Services, Inc., the custodian as defined by the Plan; therefore, these investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 10 NONEXEMPT TRANSACTIONS

Certain participating employers failed to remit employee 403(b) deferral contributions for certain payroll periods within the timeframe prescribed by the Department of Labor. This is deemed a prohibited transaction in accordance with ERISA and the IRC. Certain late remittances were self-corrected in 2021 by paying in lost earnings. The rest of the participating employers will correct the prohibited transaction by depositing the lost earnings during 2022.

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The subaccount variable annuities, as classified in the financial statements included herein, are reported as mutual funds on the Form 5500, Schedule H. The subaccount variable annuities did not file a Form 5500 for the direct filing entity; therefore, the underlying assets have been reported on the Form 5500, Schedule H.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4A—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2021**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2021 Check here if Late Participant Loan Repayments are Included ☐ Yes	\$ 172,353	\$ -	\$ -	\$ -
2020 Check here if Late Participant Loan Repayments are Included ☐ Yes	\$ -	\$ 1,733,920	\$ -	\$ -

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	Fidelity	FID 500 INDEX		223,795.50
*	Fidelity	FID ASSET MGR 20%		9,574.81
*	Fidelity	FID ASSET MGR 70%		130,161.61
*	Fidelity	FID ASSET MGR 85%		287,387.73
*	Fidelity	FID BALANCED		263,786.35
*	Fidelity	FID BLUE CHIP GR		430,474.32
*	Fidelity	FID CAPITAL & INCOME		134,533.07
*	Fidelity	FID CAPITAL APPREC		5,021.98
*	Fidelity	FID CHINA REGION		39,460.02
*	Fidelity	FID CONTRAFUND		554,988.64
*	Fidelity	FID CORPORATE BOND		63,104.85
*	Fidelity	FID DIVERSIFD INTL		151,707.81
*	Fidelity	FID DIVIDEND GR		31,135.02
*	Fidelity	FID EMERGING ASIA		1,887.09
*	Fidelity	FID EMERGING MKTS		2,915.56
*	Fidelity	FID EMRG MKTS IDX		5,904.94
*	Fidelity	FID ENV ALT ENERGY		77,038.19
*	Fidelity	FID EQ DIV INCOME		4,474.99
*	Fidelity	FID EQUITY INC		202,574.06
*	Fidelity	FID EUROPE		15,965.45
*	Fidelity	FID EXTD MKT IDX		10,895.49
*	Fidelity	FID FIDELITY FUND		28,397.46
*	Fidelity	FID FREEDOM 2015		6,238.92
*	Fidelity	FID FREEDOM 2020		13,945.71
*	Fidelity	FID FREEDOM 2025		17,010.03
*	Fidelity	FID FREEDOM 2030		237,825.78
*	Fidelity	FID FREEDOM 2035		44,550.29
*	Fidelity	FID FREEDOM 2040		353,398.28
*	Fidelity	FID FREEDOM 2045		86,259.91
*	Fidelity	FID FREEDOM 2050		170,515.70
*	Fidelity	FID FREEDOM 2055		24,621.78
*	Fidelity	FID FREEDOM 2060		5,385.65
*	Fidelity	FID FREEDOM INCOME		277.88
*	Fidelity	FID GNMA		3,852.38
*	Fidelity	FID GOV CASH RESERVE		5,701.74
*	Fidelity	FID GOVT MMKT		59,401.01
*	Fidelity	FID GOVT MMRK PRM		26,376.78
*	Fidelity	FID GROWTH & INC		214,292.47
*	Fidelity	FID GROWTH COMPANY		473,464.08
*	Fidelity	FID GROWTH DISC		28,213.88
*	Fidelity	FID GROWTH STRAT		4,568.23
*	Fidelity	FID HIGH INCOME		2,969.44
*	Fidelity	FID INTERMED BOND		2,021.81
*	Fidelity	FID INTL INDEX		32,802.05
*	Fidelity	FID INTL SM CAP OPP		19,652.79
*	Fidelity	FID INTL SMALL CAP		76,385.11
*	Fidelity	FID INTM GOVT INCOME		5,749.98
*	Fidelity	FID INTM TR BD IDX		449.74
*	Fidelity	FID INVST GR BD		116.60
*	Fidelity	FID LATIN AMERICA		886.83
*	Fidelity	FID LEVERGD CO STK		70,574.89
*	Fidelity	FID LOW PRICED STK		364,447.96
*	Fidelity	FID LTD TERM GOVT		2,374.54
*	Fidelity	FID MAGELLAN		449,564.45
*	Fidelity	FID MID CAP STOCK		42,750.27

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	Fidelity	FID MID CAP VALUE		4,991.29
*	Fidelity	FID MULTI ASSET IDX		2,366.04
*	Fidelity	FID NASDAQ COMP INDX		5,193.10
*	Fidelity	FID NATURAL RES		11,092.19
*	Fidelity	FID NEW MILLEN		168,742.21
*	Fidelity	FID OTC PORTFOLIO		111,621.22
*	Fidelity	FID OVERSEAS		11,127.75
*	Fidelity	FID PURITAN		312,992.47
*	Fidelity	FID REAL ESTATE INVS		1,108.81
*	Fidelity	FID SEL BANKING		309,214.20
*	Fidelity	FID SEL BIOTECH		63,389.13
*	Fidelity	FID SEL CHEMICALS		4,020.79
*	Fidelity	FID SEL CONS STAPLES		2,437.58
*	Fidelity	FID SEL DEFENSE		20,411.27
*	Fidelity	FID SEL ENERGY		43,997.10
*	Fidelity	FID SEL GOLD		135,047.22
*	Fidelity	FID SEL HEALTHCARE		64,610.92
*	Fidelity	FID SEL IT SERVICES		5,268.57
*	Fidelity	FID SEL MATERIALS		305.49
*	Fidelity	FID SEL MED TECH&DV		437,956.34
*	Fidelity	FID SEL PHARMACEUTCL		6,537.14
*	Fidelity	FID SEL SEMICONDUCT		210,491.70
*	Fidelity	FID SEL SOFTWARE		436,775.08
*	Fidelity	FID SEL TEC HARDWARE		42,049.12
*	Fidelity	FID SEL TECHNOLOGY		133,838.44
*	Fidelity	FID SEL TELECOMM		3,288.94
*	Fidelity	FID SEL TRANSPORT		2,266.76
*	Fidelity	FID SEL UTILITIES		42,132.61
*	Fidelity	FID SEL WIRELESS		5,058.07
*	Fidelity	FID SHORT TERM BOND		140,389.38
*	Fidelity	FID SM CAP DISCOVERY		24,876.06
*	Fidelity	FID SM CAP IDX		11,341.71
*	Fidelity	FID SMALL CAP GROWTH		4,194.23
*	Fidelity	FID SMALL CAP STOCK		60,200.80
*	Fidelity	FID SMALL CAP VALUE		3,059.04
*	Fidelity	FID STKSEL LGCAP VAL		12,548.13
*	Fidelity	FID STRAT REAL RET		13,171.12
*	Fidelity	FID STRATEGIC INCOME		8,665.66
*	Fidelity	FID TELECOM & UTIL		4,907.27
*	Fidelity	FID TOTAL MKT IDX		4,654.07
*	Fidelity	FID TREASURY ONLY MM		36,928.03
*	Fidelity	FID US BOND IDX		29,388.27
*	Fidelity	FID VALUE		79,119.58
*	Fidelity	FID VALUE STRAT		62,658.34
*	Fidelity	FIDELITY GOVT INCOME		7,562.40
*	Fidelity	FID 500 INDEX		377,927.47
*	Fidelity	FID ASSET MGR 50%		19,052.12
*	Fidelity	FID BALANCED		24,011.46
*	Fidelity	FID BLUE CHIP GR		334,674.81
*	Fidelity	FID CAPITAL APPREC		118.69
*	Fidelity	FID CHINA REGION		19,019.30
*	Fidelity	FID CONTRAFUND		218,453.90
*	Fidelity	FID CORPORATE BOND		549.69
*	Fidelity	FID DISCIPLND EQTY		222,132.84
*	Fidelity	FID DIVIDEND GR		21,776.92

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	Fidelity	FID EMERGING ASIA		152.61
*	Fidelity	FID EQUITY INC		75,440.36
*	Fidelity	FID EUROPE		17,149.71
*	Fidelity	FID FOCUSED STOCK		260.33
*	Fidelity	FID FREEDOM 2025		39,850.73
*	Fidelity	FID FREEDOM 2035		214,319.37
*	Fidelity	FID FREEDOM 2040		7,933.65
*	Fidelity	FID FREEDOM 2045		104,645.20
*	Fidelity	FID FREEDOM 2050		33,808.45
*	Fidelity	FID FREEDOM 2060		11,722.85
*	Fidelity	FID GNMA		9,291.91
*	Fidelity	FID GOV CASH RESERVE		592,703.73
*	Fidelity	FID GOVT MMTT		19,075.30
*	Fidelity	FID GROWTH & INC		11,386.83
*	Fidelity	FID GROWTH COMPANY		428,034.82
*	Fidelity	FID HIGH INCOME		522.13
*	Fidelity	FID INTL GROWTH		1,429.43
*	Fidelity	FID JAPAN		20,857.33
*	Fidelity	FID LARGE CAP STOCK		3,392.92
*	Fidelity	FID MAGELLAN		162,990.52
*	Fidelity	FID MID CAP ENH INDX		1,012.91
*	Fidelity	FID MID CAP IDX		5,685.36
*	Fidelity	FID MID CAP VALUE		31,457.53
*	Fidelity	FID NASDAQ COMP INDX		2,500.40
*	Fidelity	FID OTC PORTFOLIO		368,893.29
*	Fidelity	FID OVERSEAS		40,306.06
*	Fidelity	FID PURITAN		79,409.04
*	Fidelity	FID SEL BANKING		5,620.44
*	Fidelity	FID SEL BIOTECH		672.59
*	Fidelity	FID SEL HEALTHCARE		30,894.05
*	Fidelity	FID SM CAP IDX		5,508.53
*	Fidelity	FID SMALL CAP VALUE		1,055.29
*	Fidelity	FID US BOND IDX		8,803.92
*	Fidelity	FID VALUE		33.68
*	Fidelity	FIDELITY GOVT INCOME		36,238.85
*	Invesco	Invesco American Franchise-Class A		8,913.91
*	Invesco	Invesco Cash Reserve Shares		7,163.42
*	Invesco	Invesco Charter Fund - Class A		18,347.59
*	Invesco	Invesco European Growth Fund - Class A		13,278.10
*	Invesco	Invesco Low Volatility Equity Fund A		3,268.78
*	Invesco	Invesco Mid Cap Growth Fund Class A		9,174.90
*	Invesco	Invesco Value Opportunities-Class A		107,597.24
*	Lincoln	AMERICAN FUNDS GROWTH		5,791.22
*	Lincoln	D VALUEMNGDVLTLY		532.90
*	Lincoln	FIDELITY VIP GROWTH		22,177.67
*	Lincoln	FIXED ACCOUNT		25,860.52
*	Lincoln	LVIP BARON GROWTH OPPORTUNITIES		2,918.05
*	Lincoln	LVIP BLENDED LRG VOLTLY		799.16
*	Lincoln	LVIP DELAWARE MID CAP VALUE FUND		915.72
*	Lincoln	LVIP DELAWARE REIT SERIES		1,777.19
*	Lincoln	LVIP DELAWARE SOCIAL AWARENESS		2,973.44
*	Lincoln	LVIP DIMENSIONAL U.S. CORE EQUITY 1		16,468.74
*	Lincoln	LVIP SSGA SMALL-CAP INDEX		798.57
*	Lincoln	MFS UTILITIES		14,422.75
*	TIAA	American Cent MdCpVa Fd Cla R6		1,340,652.44

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	TIAA	American Cent MdCpVa Fd Cla R6		131,148.04
*	TIAA	American Cent MdCpVa Fd Cla R6		639,280.08
*	TIAA	American Cent MdCpVa Fd Cla R6		5,676.41
*	TIAA	American EuroPac Growth R6		4,635,249.97
*	TIAA	Artisan Small Cap Fund Instit		268,924.13
*	TIAA	Artisan Small Cap Fund Instit		2,751,159.24
*	TIAA	Baird Core Plus Bond Fund Inst		4,232,424.99
*	TIAA	Baird Core Plus Bond Fund Inst		98,908.44
*	TIAA	Baird Core Plus Bond Fund Inst		763,885.82
*	TIAA	Baird Core Plus Bond Fund Inst		272,306.69
*	TIAA	Baird Core Plus Bond Fund Inst		90,491.47
*	TIAA	Baird Core Plus Bond Fund Inst		1,189,218.64
*	TIAA	Causeway Emerging Markets Inst		544,390.99
*	TIAA	Causeway Emerging Markets Inst		144,436.70
*	TIAA	Causeway Emerging Markets Inst		69,522.77
*	TIAA	Causeway Emerging Markets Inst		21,573.12
*	TIAA	Cohen & Steers Real Est Sec Z		1,506,573.62
*	TIAA	Cohen & Steers Real Est Sec Z		354,319.80
*	TIAA	Cohen & Steers Real Est Sec Z		735,968.39
*	TIAA	Cohen & Steers Real Est Sec Z		729,252.81
*	TIAA	Cohen & Steers Real Est Sec Z		79,032.98
*	TIAA	CREF Bond Market R1		3,099,384.66
*	TIAA	CREF Bond Market R2		17,030,706.08
*	TIAA	CREF Bond Market R2		1,542,583.40
*	TIAA	CREF Equity Index R1		5,187,586.48
*	TIAA	CREF Equity Index R2		29,829,454.89
*	TIAA	CREF Equity Index R2		2,645,396.68
*	TIAA	CREF Global Equities R1		4,018,339.81
*	TIAA	CREF Global Equities R2		34,235,620.11
*	TIAA	CREF Global Equities R2		2,278,863.75
*	TIAA	CREF Growth R1		7,739,760.06
*	TIAA	CREF Growth R2		42,902,587.13
*	TIAA	CREF Growth R2		5,565,363.53
*	TIAA	CREF Inflation-Linked Bond R1		1,298,316.17
*	TIAA	CREF Inflation-Linked Bond R2		7,360,301.30
*	TIAA	CREF Inflation-Linked Bond R2		508,336.06
*	TIAA	CREF Money Market R1		2,042,473.61
*	TIAA	CREF Money Market R2		5,316,531.62
*	TIAA	CREF Money Market R2		2,968,672.83
*	TIAA	CREF Social Choice R1		3,699,726.03
*	TIAA	CREF Social Choice R2		17,973,641.90
*	TIAA	CREF Social Choice R2		524,212.19
*	TIAA	CREF Stock R1		19,663,871.23
*	TIAA	CREF Stock R2		130,185,733.41
*	TIAA	CREF Stock R2		6,316,174.93
*	TIAA	MFS Growth Fund Class R6		149,791.18
*	TIAA	MFS Growth Fund Class R6		4,638,501.24
*	TIAA	MFS Growth Fund Class R6		932,335.46
*	TIAA	MFS Growth Fund Class R6		867,633.40
*	TIAA	MFS Growth Fund Class R6		110,739.84
*	TIAA	MFS New Discovery Value Fd R6		2,011,961.63
*	TIAA	MFS New Discovery Value Fd R6		289,549.87
*	TIAA	MFS New Discovery Value Fd R6		429,218.08
*	TIAA	MFS New Discovery Value Fd R6		165,638.15
*	TIAA	MFS New Discovery Value Fd R6		56,905.27

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	TIAA	Plan Loan Default Fund		122,898.95
*	TIAA	Putnam Large Cap Value Fund R6		574,409.53
*	TIAA	Putnam Large Cap Value Fund R6		2,628,100.63
*	TIAA	Putnam Large Cap Value Fund R6		214,783.56
*	TIAA	Putnam Large Cap Value Fund R6		3,092,846.10
*	TIAA	Putnam Large Cap Value Fund R6		227,800.62
*	TIAA	The Hartford Mid Cap Fund R6		708,102.50
*	TIAA	The Hartford Mid Cap Fund R6		102,548.01
*	TIAA	The Hartford Mid Cap Fund R6		122,159.96
*	TIAA	The Hartford Mid Cap Fund R6		118,105.94
*	TIAA	The Hartford Mid Cap Fund R6		9,911.19
*	TIAA	TIAA Access Core Bond Plus T4		703,071.95
*	TIAA	TIAA Access Equity Index T4		295,234.71
*	TIAA	TIAA Access Growth & Income T4		543,430.27
*	TIAA	TIAA Access Intl Equity T4		928,174.70
*	TIAA	TIAA Access Lfcyle Rtmt Inc T4		268,679.91
*	TIAA	TIAA Access Lg-Cap Gr T4		729,411.35
*	TIAA	TIAA Access Lg-Cap Val T4		1,172,483.56
*	TIAA	TIAA Access Lifecycle 2010 T4		11,975.08
*	TIAA	TIAA Access Lifecycle 2015 T4		62,345.99
*	TIAA	TIAA Access Lifecycle 2020 T4		619,308.65
*	TIAA	TIAA Access Lifecycle 2025 T4		1,579,579.97
*	TIAA	TIAA Access Lifecycle 2030 T4		1,853,831.75
*	TIAA	TIAA Access Lifecycle 2035 T4		1,258,324.84
*	TIAA	TIAA Access Lifecycle 2040 T4		1,051,514.32
*	TIAA	TIAA Access Lifecycle 2045 T4		1,008,670.64
*	TIAA	TIAA Access Lifecycle 2050 T4		923,799.15
*	TIAA	TIAA Access Lifecycle 2055 T4		80,602.36
*	TIAA	TIAA Access Lifecycle 2055 T4		22,336.47
*	TIAA	TIAA Access Lifecycle 2055 T4		205,240.82
*	TIAA	TIAA Access Lifecycle 2060 T4		181,786.13
*	TIAA	TIAA Access Lifecycle 2060 T4		4,524.37
*	TIAA	TIAA Access Mid-Cap Gr T4		395,503.48
*	TIAA	TIAA Access Mid-Cap Val T4		767,326.12
*	TIAA	TIAA Access Quant Sml Cp Eq T4		394,588.51
*	TIAA	TIAA Access Real Est Secs T4		562,531.96
*	TIAA	TIAA Access Sm-Cap Bl Idx T4		625,661.72
*	TIAA	TIAA Access Social Ch Eq T4		173,396.10
*	TIAA	TIAA Real Estate		26,908,614.66
*	TIAA	TIAA Traditional Benefit Responsive		26,022,575.48
*	TIAA	TIAA Traditional Benefit Responsive 2		1,443.42
*	TIAA	TIAA Traditional Non Benefit Responsive		176,102,304.15
*	TIAA	TIAA Traditional Non Benefit Responsive 2		9,260,791.62
*	TIAA	TIAA-CREF Eq Index-Rtmt		285,280.23
*	TIAA	TIAA-CREF Gr & Inc-Rtmt		46,278.04
*	TIAA	TIAA-CREF Intl Eq Idx-Rtmt		716,782.07
*	TIAA	TIAA-CREF Intl Eq-Rtmt		147,959.90
*	TIAA	TIAA-CREF Lfcyle Rtmt Inc-Rtmt		207,669.87
*	TIAA	TIAA-CREF Lg-Cap Gr Idx-Rtmt		311,570.18
*	TIAA	TIAA-CREF Lg-Cap Val Idx-Rtmt		426,814.73
*	TIAA	TIAA-CREF Lg-Cap Val-Rtmt		297,637.49
*	TIAA	TIAA-CREF Lifecycle 2010-Inst		5,285,581.58
*	TIAA	TIAA-CREF Lifecycle 2010-Rtmt		366,104.16
*	TIAA	TIAA-CREF Lifecycle 2015-Inst		8,642,855.90
*	TIAA	TIAA-CREF Lifecycle 2015-Rtmt		117,627.97

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	TIAA	TIAA-CREF Lifecycle 2020-Inst		16,723,719.73
*	TIAA	TIAA-CREF Lifecycle 2020-Rtmt		551,602.92
*	TIAA	TIAA-CREF Lifecycle 2025-Inst		24,461,480.97
*	TIAA	TIAA-CREF Lifecycle 2025-Rtmt		772,111.97
*	TIAA	TIAA-CREF Lifecycle 2030-Inst		22,442,536.58
*	TIAA	TIAA-CREF Lifecycle 2030-Rtmt		1,597,981.57
*	TIAA	TIAA-CREF Lifecycle 2035-Inst		24,572,645.63
*	TIAA	TIAA-CREF Lifecycle 2035-Rtmt		1,506,627.29
*	TIAA	TIAA-CREF Lifecycle 2040-Inst		22,543,726.78
*	TIAA	TIAA-CREF Lifecycle 2040-Rtmt		1,841,189.97
*	TIAA	TIAA-CREF Lifecycle 2045-Inst		25,043,071.87
*	TIAA	TIAA-CREF Lifecycle 2045-Rtmt		961,407.52
*	TIAA	TIAA-CREF Lifecycle 2050-Inst		14,868,690.99
*	TIAA	TIAA-CREF Lifecycle 2050-Rtmt		728,169.78
*	TIAA	TIAA-CREF Lifecycle 2055-Inst		6,750,405.05
*	TIAA	TIAA-CREF Lifecycle 2055-Rtmt		407,511.83
*	TIAA	TIAA-CREF Lifecycle 2060-Inst		1,763,329.27
*	TIAA	TIAA-CREF Lifecycle 2060-Inst		57,789.05
*	TIAA	TIAA-CREF Lifecycle 2060-Inst		177,082.47
*	TIAA	TIAA-CREF Lifecycle 2060-Inst		7,793.31
*	TIAA	TIAA-CREF Lifecycle 2060-Rtmt		37,446.50
*	TIAA	TIAA-CREF Mid-Cap Gr-Rtmt		151,203.27
*	TIAA	TIAA-CREF Mid-Cap Val-Rtmt		476,585.22
*	TIAA	TIAA-CREF Qt Sml Cap Eq Rtmt		332,928.89
*	TIAA	TIAA-CREF Real Est Secs-Rtmt		251,673.45
*	TIAA	TIAA-CREF S&P 500 Idx-Rtmt		496,945.10
*	TIAA	TIAA-CREF Self Directed Acct		1,399,101.75
*	TIAA	TIAA-CREF Sm-Cap Bl Idx-Rtmt		229,409.31
*	TIAA	TIAA-CREF Social Ch Eq-Rtmt		519,291.91
*	TIAA	Vanguard Treasury MoneyMkt Inv		4,670,682.01
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst		54,111,125.81
*	TIAA	Vanguard Ttl Intl Stk Idx Inst		16,897,213.75
*	TIAA	Vanguard Ttl Stk Mkt Idx Inst		103,103,238.03
*	VALIC	ASSET ALLOCATION FUND		7,845.62
*	VALIC	BLUE CHIP GROWTH FUND		2,214.92
*	VALIC	CORE BOND FUND		20,386.22
*	VALIC	DIVIDEND VALUE		6,985.71
*	VALIC	EMERGING ECONOMIES		42,545.85
*	VALIC	FIXED ACCOUNT PLUS		557,915.27
*	VALIC	GLOBAL REAL ESTATE FUND		8,474.49
*	VALIC	GOVERNMENT MONEY MARKET I		940.05
*	VALIC	GOVERNMENT SECURITIES FUND		3,401.58
*	VALIC	GROWTH FUND		24,007.49
*	VALIC	HIGH YIELD BOND FUND		5,178.09
*	VALIC	INFLATION PROTECTED FUND		11,141.56
*	VALIC	INTERNATIONAL VALUE FUND		23,576.77
*	VALIC	INTERNATL EQUITIES INDEX FUND		41,486.78
*	VALIC	INTL OPPORTUNITIES		17,570.30
*	VALIC	LARGE CAPITAL GROWTH		27,622.06
*	VALIC	MID CAP INDEX FUND		274,170.84
*	VALIC	MID CAP STRATEGIC GWTH		40,797.38
*	VALIC	MID CAP VALUE FUND		22,101.20
*	VALIC	MODERATE GROWTH LIFESTYLE		14,060.45
*	VALIC	SCIENCE & TECHNOLOGY FUND		7,729.05
*	VALIC	SHORT TERM FIXED ACCOUNT		332.95

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	VALIC	SMALL CAP GROWTH FUND		29,563.30
*	VALIC	SMALL CAP INDEX FUND		18,975.57
*	VALIC	SMALL CAP VALUE FUND		10,774.92
*	VALIC	STOCK INDEX FUND		255,408.70
*	VALIC	US SOCIALLY RESPONSIBLE FUND		27,738.11
*	VALIC	VANGUARD LIFESTRATEGY GROWTH		339,939.04
*	VALIC	VANGUARD LONG-TERM TREASURY		11,591.42
*	VALIC	VANGUARD LT INV-GRADE FUND		1,874.02
*	VALIC	VANGUARD WINDSOR II		85,618.11
*	Vanguard	Vanguard 500 Index Fund Admiral Share		874,009.07
*	Vanguard	Vanguard Cash Reserves Federal Money		2,910.59
*	Vanguard	Vanguard Dividend Growth Fund		371,639.59
*	Vanguard	Vanguard Growth Index Fund Admiral Shares		83,413.98
*	Vanguard	Vanguard Health Care Fund Admiral Shares		673,401.43
*	Vanguard	Vanguard International Growth Fund Admiral Shares		152,613.46
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares		18,229.49
*	Vanguard	Vanguard Prime Cap Fund Admiral Shares		360,765.83
*	Vanguard	Vanguard Small-Cap Index Funds Admiral Shares		8,071.64
*	Vanguard	Vanguard Value Index Fund Admiral Shares		12,650.82
*	Voya	American Funds EuroPacific R4		2,762.24
*	Voya	American Funds Growth Fnd R4		3,437.94
*	Voya	American Funds Wash Mtual R4		2,850.23
*	Voya	Fidelity VIP Contrafund Pt I		471.62
*	Voya	Fidelity VIP Growth Port I		2,223.62
*	Voya	Inv Dev Mrkts Fd A		245.51
*	Voya	Invesco VI Core Eqty Fund SI		467.98
*	Voya	Lord Abbett Srs Fd MC St Pt VC		570.10
*	Voya	PIMCO VIT Real Return Port Adm		275.79
*	Voya	Templeton Global Bond Fund A		256.51
*	Voya	VY TRwPr Divr MdCp Gr Pt I		1,068.97
*	Voya	Voya Fixed Plus Account II A		22,903.52
*	Voya	Voya Fixed Plus Acct II (4568)		279,126.81
*	Voya	Voya Glo Hi Div Low Vol Prtf I		1,931.36
*	Voya	Voya Growth and Income Port I		2,276.82
*	Voya	Voya Index Plus MidCap Prt I		1,425.02
*	Voya	Voya Index Plus SmallCap Prt I		1,428.24
*	Voya	Voya Intermediate Bond Prt I		1,804.42
*	Voya	Voya Large Cap Value Port Ins		3,126.08
*	Voya	Voya Mid Cap Opport Port I		142.45
*	Voya	Voya Small Company Port I		681.64
	Participants	Participant Loans		1,695,263.47

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

1,033,161,121.18

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER
INFORMATION

Section 403(b) Defined Contribution Plan for the Tax-Exempt
Colleges and Universities in Virginia
EIN # 82-4833402
Plan # 333

(a) Name of participating Employer	(b) EIN Number	(c) Percent of Total Contributions
Bridgewater College	54-0506306	5%
Mary Baldwin University	54-0506319	4%
Ferrum College	54-0506457	2%
Southern Virginia University	54-0646523	3%
Shenandoah University	54-0525605	12%
University of Lynchburg	54-0505922	16%
Randolph Macon	54-0505940	9%
Virginia Wesleyan University	54-6039600	7%
Edward VIA COM College	54-2052107	22%
Averett University	54-0129860	4%
Emory & Henry College	54-0505892	3%
Appalachian College of Pharmacy	26-0069167	2%
Sweet Briar College	54-0534105	1%
Appalachian School of Law	54-1743079	1%
Hollins University	54-0506314	7%

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	Fidelity	FID 500 INDEX		223,795.50
*	Fidelity	FID ASSET MGR 20%		9,574.81
*	Fidelity	FID ASSET MGR 70%		130,161.61
*	Fidelity	FID ASSET MGR 85%		287,387.73
*	Fidelity	FID BALANCED		263,786.35
*	Fidelity	FID BLUE CHIP GR		430,474.32
*	Fidelity	FID CAPITAL & INCOME		134,533.07
*	Fidelity	FID CAPITAL APPREC		5,021.98
*	Fidelity	FID CHINA REGION		39,460.02
*	Fidelity	FID CONTRAFUND		554,988.64
*	Fidelity	FID CORPORATE BOND		63,104.85
*	Fidelity	FID DIVERSIFD INTL		151,707.81
*	Fidelity	FID DIVIDEND GR		31,135.02
*	Fidelity	FID EMERGING ASIA		1,887.09
*	Fidelity	FID EMERGING MKTS		2,915.56
*	Fidelity	FID EMRG MKTS IDX		5,904.94
*	Fidelity	FID ENV ALT ENERGY		77,038.19
*	Fidelity	FID EQ DIV INCOME		4,474.99
*	Fidelity	FID EQUITY INC		202,574.06
*	Fidelity	FID EUROPE		15,965.45
*	Fidelity	FID EXTD MKT IDX		10,895.49
*	Fidelity	FID FIDELITY FUND		28,397.46
*	Fidelity	FID FREEDOM 2015		6,238.92
*	Fidelity	FID FREEDOM 2020		13,945.71
*	Fidelity	FID FREEDOM 2025		17,010.03
*	Fidelity	FID FREEDOM 2030		237,825.78
*	Fidelity	FID FREEDOM 2035		44,550.29
*	Fidelity	FID FREEDOM 2040		353,398.28
*	Fidelity	FID FREEDOM 2045		86,259.91
*	Fidelity	FID FREEDOM 2050		170,515.70
*	Fidelity	FID FREEDOM 2055		24,621.78
*	Fidelity	FID FREEDOM 2060		5,385.65
*	Fidelity	FID FREEDOM INCOME		277.88
*	Fidelity	FID GNMA		3,852.38
*	Fidelity	FID GOV CASH RESERVE		5,701.74
*	Fidelity	FID GOVT MMKT		59,401.01
*	Fidelity	FID GOVT MMRK PRM		26,376.78
*	Fidelity	FID GROWTH & INC		214,292.47
*	Fidelity	FID GROWTH COMPANY		473,464.08
*	Fidelity	FID GROWTH DISC		28,213.88
*	Fidelity	FID GROWTH STRAT		4,568.23
*	Fidelity	FID HIGH INCOME		2,969.44
*	Fidelity	FID INTERMED BOND		2,021.81
*	Fidelity	FID INTL INDEX		32,802.05
*	Fidelity	FID INTL SM CAP OPP		19,652.79
*	Fidelity	FID INTL SMALL CAP		76,385.11
*	Fidelity	FID INTM GOVT INCOME		5,749.98
*	Fidelity	FID INTM TR BD IDX		449.74
*	Fidelity	FID INVST GR BD		116.60
*	Fidelity	FID LATIN AMERICA		886.83
*	Fidelity	FID LEVERGD CO STK		70,574.89
*	Fidelity	FID LOW PRICED STK		364,447.96
*	Fidelity	FID LTD TERM GOVT		2,374.54
*	Fidelity	FID MAGELLAN		449,564.45
*	Fidelity	FID MID CAP STOCK		42,750.27

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TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	Fidelity	FID MID CAP VALUE		4,991.29
*	Fidelity	FID MULTI ASSET IDX		2,366.04
*	Fidelity	FID NASDAQ COMP INDX		5,193.10
*	Fidelity	FID NATURAL RES		11,092.19
*	Fidelity	FID NEW MILLEN		168,742.21
*	Fidelity	FID OTC PORTFOLIO		111,621.22
*	Fidelity	FID OVERSEAS		11,127.75
*	Fidelity	FID PURITAN		312,992.47
*	Fidelity	FID REAL ESTATE INVS		1,108.81
*	Fidelity	FID SEL BANKING		309,214.20
*	Fidelity	FID SEL BIOTECH		63,389.13
*	Fidelity	FID SEL CHEMICALS		4,020.79
*	Fidelity	FID SEL CONS STAPLES		2,437.58
*	Fidelity	FID SEL DEFENSE		20,411.27
*	Fidelity	FID SEL ENERGY		43,997.10
*	Fidelity	FID SEL GOLD		135,047.22
*	Fidelity	FID SEL HEALTHCARE		64,610.92
*	Fidelity	FID SEL IT SERVICES		5,268.57
*	Fidelity	FID SEL MATERIALS		305.49
*	Fidelity	FID SEL MED TECH&DV		437,956.34
*	Fidelity	FID SEL PHARMACEUTCL		6,537.14
*	Fidelity	FID SEL SEMICONDUCT		210,491.70
*	Fidelity	FID SEL SOFTWARE		436,775.08
*	Fidelity	FID SEL TEC HARDWARE		42,049.12
*	Fidelity	FID SEL TECHNOLOGY		133,838.44
*	Fidelity	FID SEL TELECOMM		3,288.94
*	Fidelity	FID SEL TRANSPORT		2,266.76
*	Fidelity	FID SEL UTILITIES		42,132.61
*	Fidelity	FID SEL WIRELESS		5,058.07
*	Fidelity	FID SHORT TERM BOND		140,389.38
*	Fidelity	FID SM CAP DISCOVERY		24,876.06
*	Fidelity	FID SM CAP IDX		11,341.71
*	Fidelity	FID SMALL CAP GROWTH		4,194.23
*	Fidelity	FID SMALL CAP STOCK		60,200.80
*	Fidelity	FID SMALL CAP VALUE		3,059.04
*	Fidelity	FID STKSEL LGCAP VAL		12,548.13
*	Fidelity	FID STRAT REAL RET		13,171.12
*	Fidelity	FID STRATEGIC INCOME		8,665.66
*	Fidelity	FID TELECOM & UTIL		4,907.27
*	Fidelity	FID TOTAL MKT IDX		4,654.07
*	Fidelity	FID TREASURY ONLY MM		36,928.03
*	Fidelity	FID US BOND IDX		29,388.27
*	Fidelity	FID VALUE		79,119.58
*	Fidelity	FID VALUE STRAT		62,658.34
*	Fidelity	FIDELITY GOVT INCOME		7,562.40
*	Fidelity	FID 500 INDEX		377,927.47
*	Fidelity	FID ASSET MGR 50%		19,052.12
*	Fidelity	FID BALANCED		24,011.46
*	Fidelity	FID BLUE CHIP GR		334,674.81
*	Fidelity	FID CAPITAL APPREC		118.69
*	Fidelity	FID CHINA REGION		19,019.30
*	Fidelity	FID CONTRAFUND		218,453.90
*	Fidelity	FID CORPORATE BOND		549.69
*	Fidelity	FID DISCIPLND EQTY		222,132.84
*	Fidelity	FID DIVIDEND GR		21,776.92

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	Fidelity	FID EMERGING ASIA		152.61
*	Fidelity	FID EQUITY INC		75,440.36
*	Fidelity	FID EUROPE		17,149.71
*	Fidelity	FID FOCUSED STOCK		260.33
*	Fidelity	FID FREEDOM 2025		39,850.73
*	Fidelity	FID FREEDOM 2035		214,319.37
*	Fidelity	FID FREEDOM 2040		7,933.65
*	Fidelity	FID FREEDOM 2045		104,645.20
*	Fidelity	FID FREEDOM 2050		33,808.45
*	Fidelity	FID FREEDOM 2060		11,722.85
*	Fidelity	FID GNMA		9,291.91
*	Fidelity	FID GOV CASH RESERVE		592,703.73
*	Fidelity	FID GOVT MMTT		19,075.30
*	Fidelity	FID GROWTH & INC		11,386.83
*	Fidelity	FID GROWTH COMPANY		428,034.82
*	Fidelity	FID HIGH INCOME		522.13
*	Fidelity	FID INTL GROWTH		1,429.43
*	Fidelity	FID JAPAN		20,857.33
*	Fidelity	FID LARGE CAP STOCK		3,392.92
*	Fidelity	FID MAGELLAN		162,990.52
*	Fidelity	FID MID CAP ENH INDX		1,012.91
*	Fidelity	FID MID CAP IDX		5,685.36
*	Fidelity	FID MID CAP VALUE		31,457.53
*	Fidelity	FID NASDAQ COMP INDX		2,500.40
*	Fidelity	FID OTC PORTFOLIO		368,893.29
*	Fidelity	FID OVERSEAS		40,306.06
*	Fidelity	FID PURITAN		79,409.04
*	Fidelity	FID SEL BANKING		5,620.44
*	Fidelity	FID SEL BIOTECH		672.59
*	Fidelity	FID SEL HEALTHCARE		30,894.05
*	Fidelity	FID SM CAP IDX		5,508.53
*	Fidelity	FID SMALL CAP VALUE		1,055.29
*	Fidelity	FID US BOND IDX		8,803.92
*	Fidelity	FID VALUE		33.68
*	Fidelity	FIDELITY GOVT INCOME		36,238.85
*	Invesco	Invesco American Franchise-Class A		8,913.91
*	Invesco	Invesco Cash Reserve Shares		7,163.42
*	Invesco	Invesco Charter Fund - Class A		18,347.59
*	Invesco	Invesco European Growth Fund - Class A		13,278.10
*	Invesco	Invesco Low Volatility Equity Fund A		3,268.78
*	Invesco	Invesco Mid Cap Growth Fund Class A		9,174.90
*	Invesco	Invesco Value Opportunities-Class A		107,597.24
*	Lincoln	AMERICAN FUNDS GROWTH		5,791.22
*	Lincoln	D VALUEMNGDVLTLY		532.90
*	Lincoln	FIDELITY VIP GROWTH		22,177.67
*	Lincoln	FIXED ACCOUNT		25,860.52
*	Lincoln	LVIP BARON GROWTH OPPORTUNITIES		2,918.05
*	Lincoln	LVIP BLENDED LRG VOLTLY		799.16
*	Lincoln	LVIP DELAWARE MID CAP VALUE FUND		915.72
*	Lincoln	LVIP DELAWARE REIT SERIES		1,777.19
*	Lincoln	LVIP DELAWARE SOCIAL AWARENESS		2,973.44
*	Lincoln	LVIP DIMENSIONAL U.S. CORE EQUITY 1		16,468.74
*	Lincoln	LVIP SSGA SMALL-CAP INDEX		798.57
*	Lincoln	MFS UTILITIES		14,422.75
*	TIAA	American Cent MdCpVa Fd Cla R6		1,340,652.44

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	TIAA	American Cent MdCpVa Fd Cla R6		131,148.04
*	TIAA	American Cent MdCpVa Fd Cla R6		639,280.08
*	TIAA	American Cent MdCpVa Fd Cla R6		5,676.41
*	TIAA	American EuroPac Growth R6		4,635,249.97
*	TIAA	Artisan Small Cap Fund Instit		268,924.13
*	TIAA	Artisan Small Cap Fund Instit		2,751,159.24
*	TIAA	Baird Core Plus Bond Fund Inst		4,232,424.99
*	TIAA	Baird Core Plus Bond Fund Inst		98,908.44
*	TIAA	Baird Core Plus Bond Fund Inst		763,885.82
*	TIAA	Baird Core Plus Bond Fund Inst		272,306.69
*	TIAA	Baird Core Plus Bond Fund Inst		90,491.47
*	TIAA	Baird Core Plus Bond Fund Inst		1,189,218.64
*	TIAA	Causeway Emerging Markets Inst		544,390.99
*	TIAA	Causeway Emerging Markets Inst		144,436.70
*	TIAA	Causeway Emerging Markets Inst		69,522.77
*	TIAA	Causeway Emerging Markets Inst		21,573.12
*	TIAA	Cohen & Steers Real Est Sec Z		1,506,573.62
*	TIAA	Cohen & Steers Real Est Sec Z		354,319.80
*	TIAA	Cohen & Steers Real Est Sec Z		735,968.39
*	TIAA	Cohen & Steers Real Est Sec Z		729,252.81
*	TIAA	Cohen & Steers Real Est Sec Z		79,032.98
*	TIAA	CREF Bond Market R1		3,099,384.66
*	TIAA	CREF Bond Market R2		17,030,706.08
*	TIAA	CREF Bond Market R2		1,542,583.40
*	TIAA	CREF Equity Index R1		5,187,586.48
*	TIAA	CREF Equity Index R2		29,829,454.89
*	TIAA	CREF Equity Index R2		2,645,396.68
*	TIAA	CREF Global Equities R1		4,018,339.81
*	TIAA	CREF Global Equities R2		34,235,620.11
*	TIAA	CREF Global Equities R2		2,278,863.75
*	TIAA	CREF Growth R1		7,739,760.06
*	TIAA	CREF Growth R2		42,902,587.13
*	TIAA	CREF Growth R2		5,565,363.53
*	TIAA	CREF Inflation-Linked Bond R1		1,298,316.17
*	TIAA	CREF Inflation-Linked Bond R2		7,360,301.30
*	TIAA	CREF Inflation-Linked Bond R2		508,336.06
*	TIAA	CREF Money Market R1		2,042,473.61
*	TIAA	CREF Money Market R2		5,316,531.62
*	TIAA	CREF Money Market R2		2,968,672.83
*	TIAA	CREF Social Choice R1		3,699,726.03
*	TIAA	CREF Social Choice R2		17,973,641.90
*	TIAA	CREF Social Choice R2		524,212.19
*	TIAA	CREF Stock R1		19,663,871.23
*	TIAA	CREF Stock R2		130,185,733.41
*	TIAA	CREF Stock R2		6,316,174.93
*	TIAA	MFS Growth Fund Class R6		149,791.18
*	TIAA	MFS Growth Fund Class R6		4,638,501.24
*	TIAA	MFS Growth Fund Class R6		932,335.46
*	TIAA	MFS Growth Fund Class R6		867,633.40
*	TIAA	MFS Growth Fund Class R6		110,739.84
*	TIAA	MFS New Discovery Value Fd R6		2,011,961.63
*	TIAA	MFS New Discovery Value Fd R6		289,549.87
*	TIAA	MFS New Discovery Value Fd R6		429,218.08
*	TIAA	MFS New Discovery Value Fd R6		165,638.15
*	TIAA	MFS New Discovery Value Fd R6		56,905.27

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	TIAA	Plan Loan Default Fund		122,898.95
*	TIAA	Putnam Large Cap Value Fund R6		574,409.53
*	TIAA	Putnam Large Cap Value Fund R6		2,628,100.63
*	TIAA	Putnam Large Cap Value Fund R6		214,783.56
*	TIAA	Putnam Large Cap Value Fund R6		3,092,846.10
*	TIAA	Putnam Large Cap Value Fund R6		227,800.62
*	TIAA	The Hartford Mid Cap Fund R6		708,102.50
*	TIAA	The Hartford Mid Cap Fund R6		102,548.01
*	TIAA	The Hartford Mid Cap Fund R6		122,159.96
*	TIAA	The Hartford Mid Cap Fund R6		118,105.94
*	TIAA	The Hartford Mid Cap Fund R6		9,911.19
*	TIAA	TIAA Access Core Bond Plus T4		703,071.95
*	TIAA	TIAA Access Equity Index T4		295,234.71
*	TIAA	TIAA Access Growth & Income T4		543,430.27
*	TIAA	TIAA Access Intl Equity T4		928,174.70
*	TIAA	TIAA Access Lfcyle Rtmt Inc T4		268,679.91
*	TIAA	TIAA Access Lg-Cap Gr T4		729,411.35
*	TIAA	TIAA Access Lg-Cap Val T4		1,172,483.56
*	TIAA	TIAA Access Lifecycle 2010 T4		11,975.08
*	TIAA	TIAA Access Lifecycle 2015 T4		62,345.99
*	TIAA	TIAA Access Lifecycle 2020 T4		619,308.65
*	TIAA	TIAA Access Lifecycle 2025 T4		1,579,579.97
*	TIAA	TIAA Access Lifecycle 2030 T4		1,853,831.75
*	TIAA	TIAA Access Lifecycle 2035 T4		1,258,324.84
*	TIAA	TIAA Access Lifecycle 2040 T4		1,051,514.32
*	TIAA	TIAA Access Lifecycle 2045 T4		1,008,670.64
*	TIAA	TIAA Access Lifecycle 2050 T4		923,799.15
*	TIAA	TIAA Access Lifecycle 2055 T4		80,602.36
*	TIAA	TIAA Access Lifecycle 2055 T4		22,336.47
*	TIAA	TIAA Access Lifecycle 2055 T4		205,240.82
*	TIAA	TIAA Access Lifecycle 2060 T4		181,786.13
*	TIAA	TIAA Access Lifecycle 2060 T4		4,524.37
*	TIAA	TIAA Access Mid-Cap Gr T4		395,503.48
*	TIAA	TIAA Access Mid-Cap Val T4		767,326.12
*	TIAA	TIAA Access Quant Sml Cp Eq T4		394,588.51
*	TIAA	TIAA Access Real Est Secs T4		562,531.96
*	TIAA	TIAA Access Sm-Cap Bl Idx T4		625,661.72
*	TIAA	TIAA Access Social Ch Eq T4		173,396.10
*	TIAA	TIAA Real Estate		26,908,614.66
*	TIAA	TIAA Traditional Benefit Responsive		26,022,575.48
*	TIAA	TIAA Traditional Benefit Responsive 2		1,443.42
*	TIAA	TIAA Traditional Non Benefit Responsive		176,102,304.15
*	TIAA	TIAA Traditional Non Benefit Responsive 2		9,260,791.62
*	TIAA	TIAA-CREF Eq Index-Rtmt		285,280.23
*	TIAA	TIAA-CREF Gr & Inc-Rtmt		46,278.04
*	TIAA	TIAA-CREF Intl Eq Idx-Rtmt		716,782.07
*	TIAA	TIAA-CREF Intl Eq-Rtmt		147,959.90
*	TIAA	TIAA-CREF Lfcyle Rtmt Inc-Rtmt		207,669.87
*	TIAA	TIAA-CREF Lg-Cap Gr Idx-Rtmt		311,570.18
*	TIAA	TIAA-CREF Lg-Cap Val Idx-Rtmt		426,814.73
*	TIAA	TIAA-CREF Lg-Cap Val-Rtmt		297,637.49
*	TIAA	TIAA-CREF Lifecycle 2010-Inst		5,285,581.58
*	TIAA	TIAA-CREF Lifecycle 2010-Rtmt		366,104.16
*	TIAA	TIAA-CREF Lifecycle 2015-Inst		8,642,855.90
*	TIAA	TIAA-CREF Lifecycle 2015-Rtmt		117,627.97

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	TIAA	TIAA-CREF Lifecycle 2020-Inst		16,723,719.73
*	TIAA	TIAA-CREF Lifecycle 2020-Rtmt		551,602.92
*	TIAA	TIAA-CREF Lifecycle 2025-Inst		24,461,480.97
*	TIAA	TIAA-CREF Lifecycle 2025-Rtmt		772,111.97
*	TIAA	TIAA-CREF Lifecycle 2030-Inst		22,442,536.58
*	TIAA	TIAA-CREF Lifecycle 2030-Rtmt		1,597,981.57
*	TIAA	TIAA-CREF Lifecycle 2035-Inst		24,572,645.63
*	TIAA	TIAA-CREF Lifecycle 2035-Rtmt		1,506,627.29
*	TIAA	TIAA-CREF Lifecycle 2040-Inst		22,543,726.78
*	TIAA	TIAA-CREF Lifecycle 2040-Rtmt		1,841,189.97
*	TIAA	TIAA-CREF Lifecycle 2045-Inst		25,043,071.87
*	TIAA	TIAA-CREF Lifecycle 2045-Rtmt		961,407.52
*	TIAA	TIAA-CREF Lifecycle 2050-Inst		14,868,690.99
*	TIAA	TIAA-CREF Lifecycle 2050-Rtmt		728,169.78
*	TIAA	TIAA-CREF Lifecycle 2055-Inst		6,750,405.05
*	TIAA	TIAA-CREF Lifecycle 2055-Rtmt		407,511.83
*	TIAA	TIAA-CREF Lifecycle 2060-Inst		1,763,329.27
*	TIAA	TIAA-CREF Lifecycle 2060-Inst		57,789.05
*	TIAA	TIAA-CREF Lifecycle 2060-Inst		177,082.47
*	TIAA	TIAA-CREF Lifecycle 2060-Inst		7,793.31
*	TIAA	TIAA-CREF Lifecycle 2060-Rtmt		37,446.50
*	TIAA	TIAA-CREF Mid-Cap Gr-Rtmt		151,203.27
*	TIAA	TIAA-CREF Mid-Cap Val-Rtmt		476,585.22
*	TIAA	TIAA-CREF Qt Sml Cap Eq Rtmt		332,928.89
*	TIAA	TIAA-CREF Real Est Secs-Rtmt		251,673.45
*	TIAA	TIAA-CREF S&P 500 Idx-Rtmt		496,945.10
*	TIAA	TIAA-CREF Self Directed Acct		1,399,101.75
*	TIAA	TIAA-CREF Sm-Cap Bl Idx-Rtmt		229,409.31
*	TIAA	TIAA-CREF Social Ch Eq-Rtmt		519,291.91
*	TIAA	Vanguard Treasury MoneyMkt Inv		4,670,682.01
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst		54,111,125.81
*	TIAA	Vanguard Ttl Intl Stk Idx Inst		16,897,213.75
*	TIAA	Vanguard Ttl Stk Mkt Idx Inst		103,103,238.03
*	VALIC	ASSET ALLOCATION FUND		7,845.62
*	VALIC	BLUE CHIP GROWTH FUND		2,214.92
*	VALIC	CORE BOND FUND		20,386.22
*	VALIC	DIVIDEND VALUE		6,985.71
*	VALIC	EMERGING ECONOMIES		42,545.85
*	VALIC	FIXED ACCOUNT PLUS		557,915.27
*	VALIC	GLOBAL REAL ESTATE FUND		8,474.49
*	VALIC	GOVERNMENT MONEY MARKET I		940.05
*	VALIC	GOVERNMENT SECURITIES FUND		3,401.58
*	VALIC	GROWTH FUND		24,007.49
*	VALIC	HIGH YIELD BOND FUND		5,178.09
*	VALIC	INFLATION PROTECTED FUND		11,141.56
*	VALIC	INTERNATIONAL VALUE FUND		23,576.77
*	VALIC	INTERNATL EQUITIES INDEX FUND		41,486.78
*	VALIC	INTL OPPORTUNITIES		17,570.30
*	VALIC	LARGE CAPITAL GROWTH		27,622.06
*	VALIC	MID CAP INDEX FUND		274,170.84
*	VALIC	MID CAP STRATEGIC GWTH		40,797.38
*	VALIC	MID CAP VALUE FUND		22,101.20
*	VALIC	MODERATE GROWTH LIFESTYLE		14,060.45
*	VALIC	SCIENCE & TECHNOLOGY FUND		7,729.05
*	VALIC	SHORT TERM FIXED ACCOUNT		332.95

SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31,2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	VALIC	SMALL CAP GROWTH FUND		29,563.30
*	VALIC	SMALL CAP INDEX FUND		18,975.57
*	VALIC	SMALL CAP VALUE FUND		10,774.92
*	VALIC	STOCK INDEX FUND		255,408.70
*	VALIC	US SOCIALLY RESPONSIBLE FUND		27,738.11
*	VALIC	VANGUARD LIFESTRATEGY GROWTH		339,939.04
*	VALIC	VANGUARD LONG-TERM TREASURY		11,591.42
*	VALIC	VANGUARD LT INV-GRADE FUND		1,874.02
*	VALIC	VANGUARD WINDSOR II		85,618.11
*	Vanguard	Vanguard 500 Index Fund Admiral Share		874,009.07
*	Vanguard	Vanguard Cash Reserves Federal Money		2,910.59
*	Vanguard	Vanguard Dividend Growth Fund		371,639.59
*	Vanguard	Vanguard Growth Index Fund Admiral Shares		83,413.98
*	Vanguard	Vanguard Health Care Fund Admiral Shares		673,401.43
*	Vanguard	Vanguard International Growth Fund Admiral Shares		152,613.46
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares		18,229.49
*	Vanguard	Vanguard Prime Cap Fund Admiral Shares		360,765.83
*	Vanguard	Vanguard Small-Cap Index Funds Admiral Shares		8,071.64
*	Vanguard	Vanguard Value Index Fund Admiral Shares		12,650.82
*	Voya	American Funds EuroPacific R4		2,762.24
*	Voya	American Funds Growth Fnd R4		3,437.94
*	Voya	American Funds Wash Mtual R4		2,850.23
*	Voya	Fidelity VIP Contrafund Pt I		471.62
*	Voya	Fidelity VIP Growth Port I		2,223.62
*	Voya	Inv Dev Mrkts Fd A		245.51
*	Voya	Invesco VI Core Eqty Fund SI		467.98
*	Voya	Lord Abbett Srs Fd MC St Pt VC		570.10
*	Voya	PIMCO VIT Real Return Port Adm		275.79
*	Voya	Templeton Global Bond Fund A		256.51
*	Voya	VY TRwPr Divr MdCp Gr Pt I		1,068.97
*	Voya	Voya Fixed Plus Account II A		22,903.52
*	Voya	Voya Fixed Plus Acct II (4568)		279,126.81
*	Voya	Voya Glo Hi Div Low Vol Prtf I		1,931.36
*	Voya	Voya Growth and Income Port I		2,276.82
*	Voya	Voya Index Plus MidCap Prt I		1,425.02
*	Voya	Voya Index Plus SmallCap Prt I		1,428.24
*	Voya	Voya Intermediate Bond Prt I		1,804.42
*	Voya	Voya Large Cap Value Port Ins		3,126.08
*	Voya	Voya Mid Cap Opport Port I		142.45
*	Voya	Voya Small Company Port I		681.64
	Participants	Participant Loans		1,695,263.47

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

1,033,161,121.18