Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LOYOLA UNIVERSITY CHICAGO DEFINED CONTRIBUTION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1970

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)
LOYOLA UNIVERSITY OF CHICAGO ATTN BENEFITS DEPARTMENT

820 N. MICHIGAN AVENUE
CHICAGO, IL 60611

2b Employer Identification Number (EIN) 36-1408475

2c Plan Sponsor's telephone number 312-915-6175

2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2022	THOMAS M KELLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2022	THOMAS M KELLY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	8061
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)**	2618
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2744
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	5378
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	8122
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	8122
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	8122
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M 2R

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
LOYOLA UNIVERSITY CHICAGO DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LOYOLA UNIVERSITY OF CHICAGO ATTN BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
36-1408475

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	406582	3479	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	185080783
5	Current value of plan's interest under this contract in separate accounts at year end	5	318119557

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	187190028
c	Additions: (1) Contributions deposited during the year	7c(1)	1588973		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6501514		
	(4) Transferred from separate account	7c(4)	16999460		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	25089947
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	212279975
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10040805		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	16780721		
	(4) Other (specify below)	7e(4)	377666		
	▶ MISCELLANEOUS ADJUSTMENT				
	(5) Total deductions			7e(5)	27199192
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	185080783

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
LOYOLA UNIVERSITY CHICAGO DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LOYOLA UNIVERSITY OF CHICAGO ATTN BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
36-1408475

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

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	26000	508	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
6669	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

PERKINS, LUCAS R
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2394			3

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

TOMAS, DANIEL
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1346			3

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

VALLE, JIMMY
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	
754			3

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

LE, KHAI C
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	
314			3

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

PICARD, MICHAEL
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	
294			3

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

CAPOZZOLI, CHARLES S
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	
245			3

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

OULVEY, DAVID J
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	
135			3

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

DOLAN, MICHAEL
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	
106			3

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

FEHRMANN, JEFFREY
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	
100			3

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

BUCKEY, JOHN
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	
93			3

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

NATHAN, TODD
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	
87			3

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

SZILARD, ROLLIE D
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
85			3

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

ALVAREZ, ADOLFO
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	
85			3

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

KUTANOVSKI, ANDREW
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	
78			3

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

SHOLL, HENRY E
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	
61			3

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

SCHOFIELD, RYAN
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	
58			3

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

TOOTLE, JOSHUA K
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
51			3

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

GAVALETZ, MICHAEL J
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	
49			3

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

WAGNER, JAYSON W
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	
46			3

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

THURMAN, LEOTHA
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	
40			3

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

DONOFRIO, ALBERT F
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	
39			3

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

BUSCH, RIA
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	
32			3

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

THAMES, OTIS R
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

JAMISON, STEPHANIE A
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			3

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

MACALUSO, JOE J
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	
17			3

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

MAXWELL, DANIEL J
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	
16			3

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

CYMBALA, WILLIAM
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	
15			3

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

MCCORMACK, SEAN
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	
14			3

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

O'NEAL, BLAKE D
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14			3

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

CONNOR, JOHN
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	
14			3

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

ANDERSON, CASSANDRA
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

MCPHERSON, LISA
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	
12			3

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

HERNANDEZ, DYLAN
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	
11			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	

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	18124651
5	Current value of plan's interest under this contract in separate accounts at year end	5	18493306

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	18421940
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	658922		
	(4) Transferred from separate account	7c(4)	4558		
	(5) Other (specify below)	7c(5)	1		
	▶ MISCELLANEOUS ADJUSTMENT				
	(6) Total additions			7c(6)	663481
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	19085421
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	952590		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	8180		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	960770
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	18124651

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
LOYOLA UNIVERSITY CHICAGO DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LOYOLA UNIVERSITY OF CHICAGO ATTN BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
36-1408475

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CREF-TIAA-CREF INVESTMENT MGT LLC

13-3586142

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

TIAA-CREF MUTUAL FDS-TEACHERS ADVRS

13-3760073

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

VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

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

FIDELITY INVESTMENT INSTL OPTS CO

04-2647786

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

NATIONAL FINANCIAL SERVICES

04-3523567

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

CHARLES SCHWAB & CO, INC.

94-1737782

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

CHICAGO WEALTH MANAGEMENT INC

20-1255704

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

MESIROW FINANCIAL INVESTMENT MGMT

36-3429599

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

LARSON FINANCIAL GROUP LLC

20-4773945

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

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

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPING	477330	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TEACHERS INSURANCE & ANNUITY ASSOC

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 37 38 52 58 62 64 66	RECORDKEEPING	10385	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
LOYOLA UNIVERSITY CHICAGO DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LOYOLA UNIVERSITY OF CHICAGO ATTN BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
36-1408475

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	21602162

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
LOYOLA UNIVERSITY CHICAGO DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LOYOLA UNIVERSITY OF CHICAGO ATTN BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
36-1408475

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19491348	18159063
(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)	3625362	3470249
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	18920582	21602162
(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)	806065023	914611143
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	205611968	203205434
(15) Other	1c(15)	8502883	9652421

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1062217166	1170700472
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1062217166	1170700472

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)	18345526	
	(B) Participants	2a(1)(B)	21141434	
	(C) Others (including rollovers)	2a(1)(C)	10238166	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		49725126
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	581	
	(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)	176396	
	(F) Other	2b(1)(F)	7160436	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7337413
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	16192702	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		16192702
	(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)		3301106
(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)		106616348
c Other income	2c		1529442
d Total income. Add all **income** amounts in column (b) and enter total	2d		184702137
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	75754817	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		75754817
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		32662
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	431352	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		431352
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		76218831
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		108483306
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
LOYOLA UNIVERSITY CHICAGO DEFINED CONTRIBUTION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LOYOLA UNIVERSITY OF CHICAGO ATTN BENEFITS DEPARTMENT

D Employer Identification Number (EIN)
36-1408475

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** |

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 13-3689044

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** | 1543

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

LOYOLA UNIVERSITY OF CHICAGO
DEFINED CONTRIBUTION RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2021

LOYOLA UNIVERSITY OF CHICAGO
DEFINED CONTRIBUTION RETIREMENT PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021 AND 2020

CONTENTS

	PAGE
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
	SCHEDULE
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Participants and Management of
Loyola University of Chicago
Defined Contribution Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements
We have performed an audit of the financial statements of Loyola University of Chicago Defined Contribution Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

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

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

4 Westbrook Corporate Center | Suite 700 | Westchester, IL 60154 | 312-368-0500 | 312-368-0746 Fax | www.legacycpas.com

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

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

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

Basis for Opinion 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 *Auditor's 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 audits. 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 within one year after 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.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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; and

- 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 certifications, 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.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements (continued)
Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter
Auditor's 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 qualified institutions. In our report dated September 21, 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.

Legacy Professionals LLP

Westchester, Illinois

September 22, 2022

Loyola University of Chicago
Defined Contribution Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
Assets		
Investments - at fair value		
Mutual funds	$ 924,263,564	$ 814,567,906
Pooled separate account	21,602,162	18,920,582
Money market funds	18,128,656	19,448,545
Investment cash	30,407	42,803
	964,024,789	852,979,836
Investments - at contract value		
Guaranteed investment contracts	203,205,434	205,611,968
Total investments	1,167,230,223	1,058,591,804
Notes receivable from participants	3,470,249	3,625,362
Net assets available for benefits	$ 1,170,700,472	$1,062,217,166

See accompanying notes to financial statements.

Loyola University of Chicago
Defined Contribution Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	$ 116,790,771	$ 107,121,416
Interest and dividends	17,642,911	16,434,495
Net investment income	134,433,682	123,555,911
Contributions		
Employer	18,345,526	15,276,700
Participant	21,141,434	21,559,562
Rollover	10,238,166	2,474,838
Total contributions	49,725,126	39,311,100
Interest on notes receivable from participants	176,396	200,490
Revenue sharing and other income	366,933	292,698
Total additions	184,702,137	163,360,199
Deductions		
Distributions to participants	75,787,479	75,524,666
Administrative fees	431,352	383,646
Total deductions	76,218,831	75,908,312
Net increase	108,483,306	87,451,887
Net assets available for benefits		
Beginning of year	1,062,217,166	974,765,279
End of year	$ 1,170,700,472	$ 1,062,217,166

See accompanying notes to financial statements.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Loyola University of Chicago Defined Contribution Retirement Plan (the Plan) have been prepared using the accrual basis of accounting.

Investments - Investments are reported at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. For all other investments, the fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are recorded when incurred. No allowance for credit losses has been recorded as of either December 31, 2021 or 2020. Delinquent notes receivable from participants are recorded as a distribution in accordance with the terms of the Plan document.

Payment of Benefits - Distributions to participants are recorded when paid. There were no participants who elected to withdraw from the Plan but were not yet paid at either December 31, 2021 or 2020.

Expenses - Certain administrative expenses of maintaining the Plan are paid by the Plan Sponsor, Loyola University of Chicago. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Quarterly account maintenance fees charged directly to the participant's account are recorded as administrative expenses. Certain investment related expenses are included in net appreciation in fair value of investments.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Plan Administration - The Plan's master recordkeeper is Transamerica Retirement Solutions (TRS), and State Street Bank and Trust serves as the custodian for TRS. The Plan also maintains agreements with Teachers Insurance and Annuity Association (TIAA) and College Retirement Equities Fund (CREF) (collectively, TIAA), Variable Annuity Life Insurance Company (VALIC), and Fidelity Management Trust Company (Fidelity), and their affiliates as applicable, to provide custodial and recordkeeping services.

Revenue Sharing - The Plan has entered into revenue sharing arrangements that provide for certain amounts from investment servicing fees to be returned to the Plan by TRS and TIAA. Such amounts may be used to pay Plan administrative expenses or allocated to the accounts of the participants. During the years ended December 31, 2021 and 2020, the Plan received $366,932 and $291,242 respectively, of such revenue, of which $1,570 and $1,394 remained unallocated at December 31, 2021 and 2020, respectively. During the years ended December 31, 2021 and 2020, allocations of $366,932 and $292,133 respectively, were made to participants.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through September 22, 2022, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

On July 1, 1970, Loyola University of Chicago established the Plan under Section 403(b) of the Internal Revenue Code to provide savings and retirement benefits for eligible employees. The Plan is primarily funded by employer and participant contributions and by the net earnings of Plan investments. The Plan is a defined contribution retirement plan covering all employees of Loyola University of Chicago and certain physicians of Loyola University Medical Center who have completed the eligibility service requirement as detailed in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation.

All eligible employees are automatically enrolled in the Plan upon meeting eligibility requirements defined by the Plan. Employee deferral contributions are automatically deducted at the rate of 1% of eligible compensation unless the employee elects a different deferral rate or affirmatively elects not to participate in the automatic enrollment feature of the Plan. The Plan allows for an automatic annual increase to the default deferral rate of 1% on July 1 of each year up to a maximum of 5%.

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

All participants' deferral contributions are made out of pre-tax earnings through salary reductions, subject to Internal Revenue Service limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Prior to December 1, 2014, participants directed contributions into various investment options offered by TIAA, VALIC or Fidelity. Effective December 1, 2014, all new contributions are invested in a platform maintained by TRS or in the four pre-selected annuities offered at TIAA. Balances in VALIC, Fidelity and other TIAA investments may remain with those custodians. In addition, participants are allowed to invest in other funds not offered directly by the Plan through self-directed brokerage accounts. The balance in self-directed brokerage accounts was $9,652,421 and $8,502,883 at December 31, 2021 and 2020, respectively, and is included in mutual funds in the statements of net assets available for benefits. In the absence of participant direction, contributions are invested in a default target date fund. Participants must evaluate their own investment goals and objectives and choose investments best suited to achieve those goals and objectives. Poor investment performance by the investment options selected by the participants may cause their vested balances to be lower than the amounts contributed to the Plan on their behalf.

Employer contributions equal five percent of the participant's compensation, as defined by the Plan, plus a match of a participant's elective deferral, up to a maximum of five percent of the participant's compensation. Participants are immediately vested in all contributions made to the Plan, plus actual earnings thereon. Effective August 1, 2020, the Plan suspended employer contributions equal to 5% of the participant's compensation, and suspended all employer matching contributions effective October 1, 2020. The Plan prospectively reinstated all employer contributions effective in March 2021.

Each participant's account is credited with the participant's elective deferral and the employer's contribution, as well as allocations of Plan earnings or losses. Participants' accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

VALIC and TRS participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest as determined by the respective custodian. Interest rates on outstanding participant loans as of December 31, 2021 and 2020 ranged from 2.00% to 6.50%. Principal and interest are repaid ratably directly to the respective custodians through payroll deductions.

TIAA participants may enter into a loan agreement with TIAA with the collateral for the loan being held within the participant's account balance. Plan loans are issued directly from funds owned by TIAA. Because participant payments are made directly to TIAA, these loans are not included as Plan assets in the statements of net assets available for benefits. The interest rate on such outstanding loans of December 31, 2021 and 2020 ranged from 4.00% to 5.81%. Adequate security is required, and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding loan in case of default.

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

Upon reaching normal retirement or other separation of employment, a participant may elect to receive a distribution as a lump-sum payment, partial or periodic payments or annuity contract.

Participants should refer to the summary plan description for more complete information.

NOTE 3. TAX STATUS

The Plan has been designed to satisfy the final Section 403(b) regulations of the Internal Revenue Code. The Internal Revenue Service is currently not issuing opinion or determination letters on 403(b) plans. The Plan is required to operate in conformity with the Internal Revenue Code to maintain the exclusion from tax for Plan participants. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 4. PRIORITIES UPON TERMINATION

Although it has not expressed an intention to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants will remain 100% vested in their accounts.

NOTE 5. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2021 and 2020. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		Fair Value Measurements at 12/31/21 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 924,263,564	$ 924,263,564	$ -	$ -
Money market funds	18,128,656	18,128,656	-	-
Investment cash	30,407	-	30,407	-
	942,422,627	$ 942,392,220	$ 30,407	$ -
Investments measured at net asset value:				
Pooled separate account	21,602,162			
Total	$ 964,024,789			

		Fair Value Measurements at 12/31/20 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 814,567,906	$ 814,567,906	$ -	$ -
Money market funds	19,448,545	19,448,545	-	-
Investment cash	42,803	-	42,803	-
	834,059,254	$ 834,016,451	$ 42,803	$ -
Investments measured at net asset value:				
Pooled separate account	18,920,582			
Total	$ 852,979,836			

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which consist principally of marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Money market funds represent shares held in mutual funds.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Measurements

Investment cash is valued at cost, which approximates fair value.

Measurements Using Net Asset Value as a Practical Expedient

The Plan's investments in the pooled separate account is valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The pooled separate account is a direct filing entity (DFE) and files a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions are available on a daily basis without notice.

NOTE 6. INFORMATION CERTIFIED BY PLAN CUSTODIANS (UNAUDITED)

The Plan administrator has obtained certifications from the custodians that the following information regarding the Plan's investments and investment income as of December 31, 2021 and 2020 and for the years then ended is complete and accurate:

	2021	2020
Investments:		
Mutual funds	$ 924,263,564	$ 814,567,906
Pooled separate account	$ 21,602,162	$ 18,920,582
Money market funds	$ 18,128,656	$ 19,448,545
Investment cash	$ 30,407	$ 42,803
Guaranteed investment contracts	$ 203,205,434	$ 205,611,968
Notes receivable from participants	$ 3,470,249	$ 3,625,362
Investment income:		
Net appreciation in fair value of investments	$ 116,790,771	$ 107,121,416
Interest and dividends	$ 17,642,911	$ 16,434,495
Interest on notes receivable from participants	$ 176,396	$ 200,490

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

The majority of the Plan's investments are managed by the custodians (or their affiliates) of the Plan and represent exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each respective investment fund.

NOTE 8. 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 investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 9. GUARANTEED INVESTMENT CONTRACTS

The Plan has entered into traditional benefit-responsive guaranteed investment contracts with TIAA and VALIC, who maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract 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 the minimum crediting rates, which range from 1% to 3%. 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.

These contracts meet the fully benefit-responsive investment contract 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. Contract value 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.

NOTE 9. GUARANTEED INVESTMENT CONTRACTS (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, or (4) a material amendment to the agreement without the consent of the issuer.

NOTE 10. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which may negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued

Several major legislative relief packages were enacted in response to the coronavirus outbreak, containing numerous tax, emergency funding and other regulatory provisions affecting retirement plans. The Plan continues to evaluate the impact of newly enacted legislation on its provisions, operations and cash flows.

During the year ended December 31, 2020, the Plan Sponsor approved resolutions to temporarily allow for coronavirus-related distributions as well changing certain loan provisions as allowed by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) for TRS participants. In addition, the Plan Sponsor authorized waiving the required minimum distribution for 2020.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA

To the Participants and Trustees of
Loyola University of Chicago Defined
Contribution Retirement Plan

We have audited the financial statements of Loyola University of Chicago Defined Contribution Retirement Plan (the Plan) as of and for the year ended December 31, 2021, and our report thereon dated September 22, 2022, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 4. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 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 their 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 and

- 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).

Legacy Professionals LLP
Westchester, Illinois

September 22, 2022

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
TEACHERS INSURANCE & ANNUITY ASSOC	15
TEACHERS INSURANCE & ANNUITY ASSOC	17
TEACHERS INSURANCE & ANNUITY ASSOC	27
TEACHERS INSURANCE & ANNUITY ASSOC	28
TEACHERS INSURANCE & ANNUITY ASSOC	37
TEACHERS INSURANCE & ANNUITY ASSOC	38
TEACHERS INSURANCE & ANNUITY ASSOC	52
TEACHERS INSURANCE & ANNUITY ASSOC	58
TEACHERS INSURANCE & ANNUITY ASSOC	62
TEACHERS INSURANCE & ANNUITY ASSOC	64
TEACHERS INSURANCE & ANNUITY ASSOC	66

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
SELF DIRECTED BROKERAGE ACCOUNTS	8,502,883.	9,652,421.
TOTAL TO SCHEDULE H, LINE 1C(15)	8,502,883.	9,652,421.

SCHEDULE H OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER INCOME	366,933.
INVESTMENT INCOME ON SELF DIRECTED BROKERAGE ACCOUNTS	1,162,509.
TOTAL TO SCHEDULE H, LINE 2C	1,529,442.

Schedule H, Line 4i Schedule of Assets (Held at End of Year) Supplemental Schedule 1

Loyola University Chicago Defined Contribution Retirement Plan
Y/E 12/31/2021
EIN: 36-1408475
Plan: 002

	TIAA-CREF	VALIC	Fidelity	Transamerica	Total Market Value
Interest Bearing Cash:					
See Attached	-	-	6,039,388	12,119,675	18,159,063
Participant Loans					
Various Maturities With Interest Rates Ranging from 2% to 6.5%	-	369,860	-	3,100,389	3,470,249
Pooled Separate Account					
See Attached	21,602,162	-	-	-	21,602,162
Registered Investment Companies					
See Attached	296,517,395	18,123,446	94,740,725	505,229,577	914,611,143
Insurance Company General Account	185,080,783	18,124,651	-	-	203,205,434
See Attached					
Other - Self Directed Brokerage A/Cs	-	-	-	9,652,421	9,652,421

Note: Cost Value Is Not Required For Participant Directed Investments

5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

LOYOLA UNIVERSITY CHICAGO

For the Period Ending 12/31/2021

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
		Insurance Company General Contract				
BR1	*TIAA#*	*TIAA Traditional Benefit Responsive*			$18,816,552.92	$14,713,337.25
NBR	*TIAA#*	*TIAA Traditional Non Benefit Responsive*			$144,345,126.28	$105,888,703.29
NB2	*TIAA#*	*TIAA Traditional Non Benefit Responsive 2*			$21,467,839.55	$18,462,083.56
98	*PLDF#*	*Plan Loan Default Fund*			$451,264.11	$451,264.11
		Subtotal Insurance Company General Contract	Insurance Company General Account		**$185,080,782.86**	**$139,515,388.21**
		Pooled Separate Account				
X1	*QREARX*	*TIAA Real Estate*	$514.764700	41,965.1119	$21,602,161.74	$14,234,031.48
		Subtotal Pooled Separate Account	Pooled Separate Account		**$21,602,161.74**	**$14,234,031.48**
		Registered Investment Company				
CO	*QCSTPX*	*CREF Stock R2*	$784.753700	188,830.0809	$148,185,108.30	$78,918,260.56
CP	*QCMMPX*	*CREF Money Market R2*	$26.605600	483,080.1591	$12,852,637.49	$12,518,456.66
CQ	*QCSCPX*	*CREF Social Choice R2*	$348.055700	106,301.3106	$36,998,778.11	$24,925,160.08
CR	*QCBMPX*	*CREF Bond Market R2*	$141.879400	104,039.8665	$14,761,113.84	$12,724,027.08
CT	*QCGLPX*	*CREF Global Equities R2*	$288.313700	103,802.7961	$29,927,768.62	$17,285,939.39
CU	*QCGRPX*	*CREF Growth R2*	$402.767500	61,081.3859	$24,601,597.39	$9,341,728.41
CY	*QCEQPX*	*CREF Equity Index R2*	$410.479500	53,973.9572	$22,155,203.11	$10,309,658.73
CW	*QCILPX*	*CREF Inflation-Linked Bond R2*	$83.335300	84,420.2740	$7,035,188.86	$5,952,678.23
		Subtotal Registered Investment Company		Mutual Funds	**$296,517,395.72**	**$171,975,909.14**
		TOTAL ASSETS UNDER MANAGEMENT			**$503,200,340.32**	**$325,725,328.83**



AIG Retirement Services

INVESTMENT VEHICLE	
FIXED ACCOUNT PLUS	$17,109,747.93
SHORT TERM FIXED ACCOUNT	$1,014,902.96
TOTAL INVESTMENT CONTRACTS	$18,124,650.89

MUTUAL FUNDS	
AGGRESSIVE GROWTH LIFESTYLE	$374,476.78
AMER BEACON BRDWY LRG CP GRW I	$191,369.18
ARIEL APPRECIATION FUND	$119,195.86
ARIEL FUND	$650,991.77
ASSET ALLOCATION FUND	$82,727.29
BLUE CHIP GROWTH FUND	$561,095.80
CAPITAL APPRECIATION FUND	$0.00
CAPITAL CONSERVATION	$0.00
CORE BOND FUND	$159,526.95
CORE EQUITY FUND	$0.00
DIVIDEND VALUE	$85,220.79
EMERGING ECONOMIES	$83,834.76
GLOBAL REAL ESTATE FUND	$65,554.01
GLOBAL STRATEGY	$112,710.05
GOVERNMENT MONEY MARKET I	$249,173.12
GOVERNMENT MONEY MARKET II	$0.00
GOVERNMENT SECURITIES FUND	$70,922.74
GROWTH FUND	$1,006,765.07
HEALTH SCIENCES FUND	$0.00
HIGH YIELD BOND FUND	$42,716.87
INFLATION PROTECTED FUND	$36,987.92
INTERNATIONAL GOVERNMENT BOND	$36,031.47
INTERNATIONAL GROWTH FUND	$313,498.20



AIG Retirement Services

INTERNATIONAL VALUE FUND	$344,503.18
INTERNATL EQUITIES INDEX FUND	$283,830.57
INTL OPPORTUNITIES	$97,198.02
INTL SOCIALLY RESPONSIBLE FUND	$71,790.01
LARGE CAP VALUE FUND	$0.00
LARGE CAPITAL GROWTH	$173,813.61
MID CAP GROWTH FUND	$0.00
MID CAP INDEX FUND	$1,894,427.67
MID CAP STRATEGIC GWTH	$466,567.67
MID CAP VALUE FUND	$418,220.44
MODERATE GROWTH LIFESTYLE	$57,113.53
NASDAQ-100(R) INDEX FUND	$114,169.06
SCIENCE & TECHNOLOGY FUND	$1,613,342.46
SM CAP AGGRESSIVE GWTH	$0.00
SMALL CAP FUND	$0.00
SMALL CAP GROWTH FUND	$348,550.28
SMALL CAP INDEX FUND	$795,691.73
SMALL CAP SPECIAL VALUE FUND	$239,107.60
SMALL CAP VALUE FUND	$52,365.34
SMALL MID GROWTH FUND	$0.00
STOCK INDEX FUND	$2,525,419.88
STRATEGIC BOND FUND	$0.00
SYSTEMATIC CORE FUND	$230,563.87
SYSTEMATIC VALUE	$269,874.56
US SOCIALLY RESPONSIBLE FUND	$26,164.88
VALUE FUND	$0.00
VANGUARD LIFESTRATEGY GROWTH	$463,403.43
VANGUARD LIFESTRATEGY MODERA	$218,411.28
VANGUARD LONG-TERM TREASURY	$139,179.50
VANGUARD LT INV-GRADE FUND	$71,748.42
VANGUARD WELLINGTON FUND INC	$1,578,067.72
VANGUARD WINDSOR II	$1,357,473.83
VC I CAPITAL APPRECIATION	$29,648.80
TOTAL MUTUAL FUNDS	$18,123,445.97

PARTICIPANT LOANS

LOAN COLLATERAL FUND	$365,023.55
LOAN ESCROW FUND	$4,836.78
TOTAL PARTICIPANT LOANS	$369,860.33

Grand Total In Plan 36,617,957

Plan: 54677

Run Date: 03/16/2022

Loyola University

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2021

Fund Name	Share Balance 12/31/2021	Historical Cost	Price	Total Market Value	
FID TREND	1,976.201	$188,869.18	$171.87	$339,649.67	
FID SEL TEC HARDWARE	774.529	$61,394.51	$114.53	$88,706.81	
FID SEL SEMICONDUCT	24,809.382	$342,567.59	$23.84	$591,455.67	
FID SEL CONS STAPLES	675.980	$54,612.72	$97.82	$66,124.36	
FID GNMA	5,642.839	$64,416.35	$11.58	$65,344.08	
FID INVST GR BD	93,065.423	$717,944.25	$8.37	$778,957.59	
FID SEL SOFTWARE	31,556.576	$499,548.29	$29.99	$946,381.71	
FID INTERMED BOND	21,339.910	$239,903.13	$11.02	$235,165.81	
FID SEL AIR TRANSPRT	0.000	$0.00	$57.59	$0.00	
FID CAPITAL & INCOME	86,120.172	$847,185.27	$11.21	$965,407.13	
FID MORTGAGE SEC	10,055.251	$110,639.62	$11.38	$114,428.76	
FID SEL GOLD	9,350.302	$264,030.18	$26.00	$243,107.85	
FID SEL BIOTECH	28,093.757	$536,775.09	$19.35	$543,614.20	
FID SEL ENERGY SVCS	0.000	$0.00	$19.44	$0.00	
FID SEL INSURANCE	301.713	$20,679.15	$69.24	$20,890.61	
FID SEL RETAILING	9,036.756	$129,455.92	$23.07	$208,477.96	
FIDELITY GOVT INCOME	34,807.954	$363,885.04	$10.62	$369,660.47	
FID GOV CASH RESERVE	924,974.730	$924,974.73	$1.00	$924,974.73	1
FID SEL ENERGY	5,406.943	$227,392.56	$35.32	$190,973.23	
FID SEL LEISURE	2,519.243	$41,169.81	$17.47	$44,011.18	
FID SEL HEALTHCARE	53,499.567	$1,073,954.83	$32.31	$1,728,571.01	
FID SEL TECHNOLOGY	39,535.772	$701,468.80	$29.11	$1,150,886.32	
FID SEL UTILITIES	161.683	$10,426.83	$105.05	$16,984.80	
FID SEL FINANCIAL	6,180.565	$73,305.14	$13.00	$80,347.35	
FID SEL DEFENSE	1,093.425	$15,333.76	$15.85	$17,330.79	
FID SEL BROKERAGE	388.127	$30,298.38	$132.14	$51,287.10	
FID SEL CHEMICALS	7,315.929	$95,842.96	$18.76	$137,246.83	
FID SEL FINTECH	2,316.608	$37,809.69	$18.15	$42,046.44	
FID NEW MILLEN	15,260.383	$494,218.72	$41.87	$638,952.24	
FID EUROPE	2,601.897	$91,850.05	$38.70	$100,693.41	
FID PACIFIC BASIN	4,162.560	$149,337.54	$39.02	$162,423.09	
FID REAL ESTATE INVS	5,361.109	$158,152.23	$54.02	$289,607.11	
FID CONVERTIBLE SEC	328.634	$10,146.98	$36.47	$11,985.28	
FID CANADA	1,557.647	$82,363.38	$64.55	$100,546.11	
FID TELECOM & UTIL	21.196	$420.95	$27.95	$592.43	
FID ASSET MGR 50%	9,597.359	$159,343.26	$22.24	$213,445.26	
FID WORLDWIDE	6,909.538	$169,026.64	$35.93	$248,259.70	
FID ASSET MGR 70%	14,064.054	$238,706.82	$28.89	$406,310.52	
FID ASSET MGR 20%	1,982.371	$25,063.46	$14.81	$29,358.91	
FID NEW MARKETS INC	4,180.261	$66,351.53	$14.24	$59,526.92	
FID FOCUSED STOCK	20,160.817	$488,998.95	$34.72	$699,983.57	
FID INTL CAP APPREC	2,163.007	$43,944.33	$28.40	$61,429.40	
FID STK SEL SM CAP	8,152.966	$188,241.28	$34.33	$279,891.32	
FID LARGE CAP STOCK	3,101.701	$82,708.23	$42.09	$130,550.60	
FID SMALL CAP STOCK	37,784.788	$682,172.39	$19.99	$755,317.91	
FID NORDIC	319.762	$11,827.23	$64.48	$20,618.25	
FID ASSET MGR 85%	21,737.650	$323,448.41	$26.68	$579,960.50	
FID LATIN AMERICA	992.791	$31,420.07	$19.13	$18,992.09	
FID JAPAN	1,636.075	$20,553.51	$18.53	$30,316.47	
FID EMERGING ASIA	2,484.288	$112,724.33	$51.21	$127,220.39	
FID CHINA REGION	6,736.350	$268,591.66	$43.43	$292,559.68	
FID SEL IT SERVICES	2,941.340	$182,434.72	$82.89	$243,807.67	
FID SEL MED TECH&DV	5,322.464	$266,742.91	$83.18	$442,722.56	
FID MULTI ASSET IDX	2,273.357	$76,710.52	$61.26	$139,265.85	
FID JAPAN SMALL CO	122.501	$1,322.72	$15.76	$1,930.62	
FID MEGA CAP STOCK	4,174.467	$57,449.77	$19.38	$80,901.17	
FID SM CAP DISCOVERY	7,853.390	$205,816.10	$30.65	$240,706.40	
FID TREASURY ONLY MM	238,367.950	$238,367.95	$1.00	$238,367.95	1
FID SHORT TERM BOND	39,227.068	$343,970.05	$8.61	$337,745.06	
FID INTM GOVT INCOME	3,015.889	$31,909.24	$10.59	$31,938.26	
FID HIGH INCOME	32,588.074	$287,003.19	$8.69	$283,190.36	
FID GOVT MMKT	3,451,356.790	$3,451,356.79	$1.00	$3,451,356.79	1
FID SEL AUTOMOTIVE	374.706	$21,373.36	$65.70	$24,618.18	
FID SEL COMM SERV	457.957	$34,631.84	$90.79	$41,577.92	

FID SEL HTH CARE SVC	667.629	$49,104.30	$137.58	$91,852.40
FID SEL BANKING	15,314.337	$442,899.35	$29.76	$455,754.67
FID SEL MATERIALS	619.268	$49,498.61	$109.26	$67,661.22
FID SEL CONSTR/HOUSE	220.628	$18,013.69	$108.01	$23,830.03
FID SEL TRANSPORT	1,083.720	$78,142.52	$108.78	$117,887.06
FID SEL NATURAL GAS	0.000	$0.00	$15.51	$0.00
FID NATURAL RES	2,735.924	$87,577.31	$28.25	$77,289.85
FID SEL INDUSTRIALS	2,633.974	$91,614.66	$34.19	$90,055.57
FID ENV ALT ENERGY	5,998.799	$136,131.15	$35.68	$214,037.15
FID SEL CONS DISCR	0.000	$0.00	$71.98	$0.00
FID SEL COMM EQUIP	0.000	$0.00	$45.06	$0.00
FID SEL PHARMACEUTCL	4,093.944	$82,155.52	$23.72	$97,108.35
FID STKSEL LGCAP VAL	9,565.552	$107,493.63	$26.39	$252,434.92
FID MID CAP VALUE	3,605.433	$68,536.18	$30.28	$109,172.51
FID FLOAT RT HI INC	12,429.676	$120,274.33	$9.47	$117,709.03
FID INTL SMALL CAP	4,098.875	$95,006.03	$32.30	$132,393.66
FID TOTAL BOND	78,083.338	$848,568.34	$11.06	$863,601.72
FID REAL ESTATE INC	5,879.681	$67,682.12	$13.80	$81,139.60
FID SEL WIRELESS	2,165.192	$17,213.35	$14.22	$30,789.03
FID BLUE CHIP VALUE	6,757.465	$88,523.22	$24.39	$164,814.57
FID NASDAQ COMP INDX	4,673.515	$411,744.70	$196.82	$919,841.22
FID STRAT DIV & INC	22,651.122	$331,114.97	$17.76	$402,283.93
FID FOCUSED HIGH INC	783.613	$7,037.44	$8.90	$6,974.16
FID INTL REAL ESTATE	3,114.235	$34,314.07	$14.32	$44,595.85
FID SMALL CAP GROWTH	19,931.656	$510,681.72	$31.69	$631,634.18
FID SMALL CAP VALUE	9,730.779	$184,622.94	$21.62	$210,379.44
FID INTL SM CAP OPP	1,420.650	$23,591.20	$26.54	$37,704.05
FID STRAT REAL RET	2,268.468	$21,085.28	$9.33	$21,164.81
FID LC VAL ENH INDX	13,360.327	$186,630.90	$16.03	$214,166.04
FID LC GRO ENH INDX	1,787.952	$33,934.89	$31.39	$56,123.81
FID ASSET MGR 30%	694.632	$7,315.87	$12.86	$8,932.97
FID ASSET MGR 60%	890.182	$11,270.99	$16.18	$14,403.14
FID TOTAL INTL EQ	526.294	$6,571.01	$11.51	$6,057.64
FID INTL GROWTH	9,334.783	$114,484.79	$21.06	$196,590.53
FID INTL ENH INDEX	0.000	$0.00	$11.14	$0.00
FID SM CAP ENH INDX	2,816.894	$36,084.90	$15.26	$42,985.80
FID MID CAP ENH INDX	9,436.330	$142,256.06	$18.62	$175,704.46
FID GROWTH STRAT K	2,005.728	$72,004.50	$64.25	$128,868.02
FID BALANCED K	53,641.078	$1,215,943.23	$30.37	$1,629,079.54
FID BLUE CHIP GR K	26,184.814	$2,260,228.61	$184.27	$4,825,075.68
FID CAP APPREC K	36,066.359	$1,239,253.97	$44.29	$1,597,379.04
FID CONTRAFUND K	429,904.864	$4,601,661.23	$18.82	$8,090,809.54
FID DISCIPLND EQ K	1,142.075	$30,899.05	$65.27	$74,543.24
FID DIVERSIFD INTL K	16,969.773	$534,930.50	$48.40	$821,337.01
FID DIVIDEND GR K	40,920.763	$1,241,305.13	$36.60	$1,497,699.93
FID EMERGING MKTS K	12,601.419	$363,648.04	$43.65	$550,051.94
FID EQUITY INCOME K	3,916.689	$202,450.08	$70.18	$274,873.23
FID EQ DIV INCOME K	24,390.182	$535,167.21	$27.86	$679,510.47
FID EXPORT & MULTI K	0.000	$0.00	$21.86	$0.00
FID FUND K	10,438.114	$547,632.36	$79.14	$826,072.34
FID GROWTH & INC K	16,176.601	$394,653.41	$51.79	$837,786.17
FID GROWTH CO K	176,898.573	$2,908,291.15	$36.60	$6,474,487.77
FID GROWTH DISC K	432.375	$13,182.72	$55.82	$24,135.17
FID INDEPENDENCE K	0.000	$0.00	$45.03	$0.00
FID INTL DISCOVERY K	11,158.491	$397,976.48	$52.72	$588,275.65
FID LEVERGD CO STK K	7,361.150	$239,250.75	$47.81	$351,936.58
FID LOW PRICED STK K	22,127.993	$989,955.84	$53.72	$1,188,715.78
FID MAGELLAN K	338,984.239	$3,040,468.87	$15.35	$5,203,408.07
FID MID CAP STOCK K	19,349.883	$663,169.34	$42.20	$816,565.06
FID OTC K	68,761.627	$659,820.54	$20.01	$1,375,920.16
FID OVERSEAS K	7,035.057	$250,800.06	$67.55	$475,218.10
FID PURITAN K	155,764.151	$3,250,102.71	$27.17	$4,232,111.98
FID STK SEL ALL CP K	8,026.896	$263,304.73	$69.20	$555,461.20
FID VALUE K	101,774.838	$883,096.53	$14.70	$1,496,090.12
FID VALUE DISCOV K	148.136	$2,633.75	$38.30	$5,673.61
FID VALUE STRAT K	1,214.627	$42,409.17	$51.72	$62,820.51
FID GLB COMDTY STK	1,179.613	$17,009.78	$16.24	$19,156.92
FID CORPORATE BOND	8,508.622	$107,578.05	$12.43	$105,762.17
FID CONSV INC BD	0.000	$0.00	$10.03	$0.00
FID GLB HIGH INCOME	864.912	$8,410.84	$9.59	$8,294.51

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

SUPPLEMENTAL SCHEDULE 1

FID US BOND IDX	47,195.335	$552,589.72	$11.98	$565,400.11	
FID 500 INDEX	33,254.954	$3,538,768.66	$165.32	$5,497,709.00	
FID EMRG MKTS IDX	36,494.259	$394,429.52	$12.09	$441,215.59	
FID GLB EX US IDX	2,241.795	$32,144.92	$15.29	$34,277.05	
FID MID CAP IDX	26,359.919	$657,929.35	$31.99	$843,253.81	
FID REAL ESTATE IDX	18,437.175	$285,393.16	$20.16	$371,693.45	
FID SM CAP IDX	19,437.439	$467,599.32	$27.56	$535,695.82	
FID TOTAL MKT IDX	22,362.406	$2,006,899.48	$133.78	$2,991,642.67	
FID INTL INDEX	28,056.944	$1,184,180.25	$49.29	$1,382,926.77	
FID EXTD MKT IDX	5,368.199	$355,137.34	$87.21	$468,160.63	
FID TOTAL EMERG MKTS	8,186.835	$94,536.24	$14.49	$118,627.24	
FID EMERG MKTS DISC	2,403.213	$32,966.74	$16.03	$38,523.50	
FID GLOBAL EQ INCOME	1,465.315	$22,162.89	$18.32	$26,844.57	
FID STK SEL MID CAP	159.694	$4,941.82	$45.25	$7,226.15	
FID INFL PR BD IDX	34,610.688	$351,093.70	$11.16	$386,255.28	
FID GLOBAL CREDIT	3,073.804	$30,719.18	$9.72	$29,877.37	
FID GOVT MMRK PRM	1,424,688.640	$1,424,688.64	$1.00	$1,424,688.64	1
FID FREEDOM INC K	12,200.709	$145,386.79	$11.84	$144,456.39	
FID FREEDOM 2010 K	33,737.300	$537,477.65	$15.72	$530,350.36	
FID FREEDOM 2015 K	17,367.456	$228,444.25	$13.03	$226,297.95	
FID FREEDOM 2020 K	78,054.272	$1,271,997.88	$16.64	$1,298,823.09	
FID FREEDOM 2025 K	106,101.477	$1,500,284.19	$15.36	$1,629,718.69	
FID FREEDOM 2030 K	126,459.298	$2,237,678.65	$19.32	$2,443,193.64	
FID FREEDOM 2035 K	89,273.210	$1,334,593.39	$16.92	$1,510,502.71	
FID FREEDOM 2040 K	223,887.171	$2,528,964.60	$12.18	$2,726,945.74	
FID FREEDOM 2045 K	105,710.434	$1,255,087.81	$13.94	$1,473,603.45	
FID FREEDOM 2050 K	18,021.258	$216,681.84	$14.08	$253,739.31	
FID FREEDOM 2055 K	23,266.554	$316,257.34	$16.26	$378,314.17	
FID INTM TR BD IDX	25,435.313	$267,595.87	$11.15	$283,603.74	
FID LT TR BD IDX	19,785.563	$268,704.13	$14.75	$291,837.05	
FID ST TR BD IDX	15,183.421	$155,266.81	$10.55	$160,185.09	
FID STRATEGIC INCOME	54,501.900	$673,808.38	$12.69	$691,629.11	
OUTSTANDING LOAN BALANCE				$0.00	
			NET ASSETS 12/31/2021:	$100,780,113.43	
			Money Market Funds	$6,039,388.11	SUM 1
			Mutual Funds	$94,740,725.32	

Loyola University of Chicago Defined Contribution Retirement Plan
EIN No.: 36-1408475, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	State Street Bank & Trust Co.	Cash Reserve Account	$ 30,407
	Vanguard	Vanguard Federal Money Market	$ 12,089,268
		Interest Bearing Cash Total	**$ 12,119,675**
	Blackrock	BlackRock High Yield Bond Instl	$ 8,049,564
	Legg Mason	ClearBridge Small Cap Growth A	$ 11,353,660
	Dimensional	DFA Emerging Markets I	$ 6,319,888
	Dimensional	DFA US Targeted Value	$ 9,540,952
	Fidelity	Fidelity 500 Index	$ 51,626,895
	Fidelity	Fidelity Extended Market Index	$ 21,720,661
	Fidelity	Fidelity Total Intl Index	$ 14,371,860
	Metropolitan West	Metropolitan West Total Rturn Bd Admin	$ 32,708,981
	MFS	MFS Intl Diversification R3	$ 13,656,831
	MFS	MFS Value R3	$ 20,651,905
	T. Rowe Price	T. Rowe Price Growth Stock I	$ 25,402,754
	Tiaa-Cref	TIAA-CREF Social Choice Eq Instl	$ 14,215,220
	Vanguard	Vanguard Instl Target Retment 2015	$ 6,308,801
	Vanguard	Vanguard Instl Target Retment 2020	$ 22,476,699
	Vanguard	Vanguard Instl Target Retment 2025	$ 35,374,663
	Vanguard	Vanguard Instl Target Retment 2030	$ 36,837,297
	Vanguard	Vanguard Instl Target Retment 2035	$ 33,109,321
	Vanguard	Vanguard Instl Target Retment 2040	$ 36,336,991
	Vanguard	Vanguard Instl Target Retment 2045	$ 40,792,542
	Vanguard	Vanguard Instl Target Retment 2050	$ 24,843,887
	Vanguard	Vanguard Instl Target Retment 2055	$ 9,918,924
	Vanguard	Vanguard Instl Target Retment 2060	$ 2,528,594
	Vanguard	Vanguard Instl Target Retment 2065	$ 222,211
	Vanguard	Vanguard Instl Target Retment Inc	$ 8,517,938
	Vanguard	Vanguard REIT Index Instl	$ 9,021,634
	Vanguard	Vanguard Short Term Inv Grade Instl	$ 9,320,904
		Mutual Funds Total	**$ 505,229,577**
	Charles Schwab Instl	Personal Choice Retment Account	$ 9,652,421
		Self-Directed Brokerage Accounts Total	**$ 9,652,421**
*	Participants	Notes Receivable with interest rates of 4.25% to 6.50%	**$ 3,100,389**
		TOTAL PLAN ASSETS	**$ 530,102,062**

* Indicates Party-In-Interest to the Plan