

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>LIVINGSTONE COLLEGE DEFINED CONTRIBUTION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1955</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>56-0603922</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>704-216-6080</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>611000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1955</u>		2b Employer Identification Number (EIN) <u>56-0603922</u>		2c Plan Sponsor's telephone number <u>704-216-6080</u>		2d Business code (see instructions) <u>611000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1955</u>											
2b Employer Identification Number (EIN) <u>56-0603922</u>											
2c Plan Sponsor's telephone number <u>704-216-6080</u>											
2d Business code (see instructions) <u>611000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LIVINGSTONE COLLEGE</u> <u>701 WEST MONROE STREET</u> <u>SALISBURY, NC 28144</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	REGINALD DICKENS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		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	234
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)	129
a(2) Total number of active participants at the end of the plan year		6a(2)	137
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	96
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	233
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	235
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	220
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2L 2M 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan LIVINGSTONE COLLEGE DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIVINGSTONE COLLEGE	D Employer Identification Number (EIN) 56-0603922

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	500765	145	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	3214828
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	3901373

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

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

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

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

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

b	Balance at the end of the previous year	7b	3303585
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c	Additions: (1) Contributions deposited during the year	7c(1)	8181	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	109766	
	(4) Transferred from separate account.....	7c(4)	120939	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	238886
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3542471
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	212212	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)	114581	
(4) Other (specify below)	7e(4)	851	

▶ MISC

(5) Total deductions	7e(5)	327644
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3214827
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LIVINGSTONE COLLEGE DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIVINGSTONE COLLEGE	D Employer Identification Number (EIN) 56-0603922	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

TIAA

730 THIRD AVE.
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52	RECORDKEEPER	14734	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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
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(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:

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LIVINGSTONE COLLEGE DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIVINGSTONE COLLEGE	D Employer Identification Number (EIN) 56-0603922	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	27176
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	229409	222625
(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)	5553005	6633087
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3303585	3214828
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9085999	10097716

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9085999	10097716
---	-----------	---------	----------

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)	189663	
(B) Participants	2a(1)(B)	323442	
(C) Others (including rollovers).....	2a(1)(C)	543	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		513648
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	355	
(F) Other	2b(1)(F)	109765	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		110120
(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)	126094	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		126094
(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)		41463
(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)		674443
c Other income.....	2c		32
d Total income. Add all income amounts in column (b) and enter total.....	2d		1465800
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	363387	
(2) To insurance carriers for the provision of benefits.....	2e(2)	76337	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		439724
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	14359	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		14359
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		454083
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1011717
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MURPHY AND COMPANY, P.C.

(2) EIN: 58-1910650

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		520079

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan LIVINGSTONE COLLEGE DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIVINGSTONE COLLEGE	D Employer Identification Number (EIN) 56-0603922

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
----------	------------

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 AND 2020
TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN

FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
LIVINGSTONE COLLEGE DEFINED CONTRIBUTION RETIREMENT PLAN:

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

We have performed audits of the financial statements of **LIVINGSTONE COLLEGE 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) referred to as an ERISA Section 103(a)(3)(C) audit. The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the years then ended, stating that the certified investment information, as described in *Notes 4 and 5* to the financial statements, is complete and accurate.

Opinion

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

INDEPENDENT AUDITOR'S REPORT (Continued)

Opinion (continued)

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

Basis for Opinion

We conducted our audits 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 Financial Statements section of our report. We are required to be independent of **LIVINGSTONE COLLEGE DEFINED CONTRIBUTION RETIREMENT 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 Financial Statements

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

In preparing the financial statements, Management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for the years ended December 31, 2021 and 2020.

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 Financial Statements

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



INDEPENDENT AUDITOR'S REPORT (Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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.
- 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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



INDEPENDENT AUDITOR'S REPORT
(Continued)

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, *Schedules of Assets Held at End of Year*, as of and for the years ended December 31, 2021 and 2020, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the U.S. 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 audits 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 U.S. 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 U.S. 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 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).

October 14, 2022

Murphy and Company, P.C.
Certified Public Accountants



LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS:		
Investments, <i>at fair value</i> -		
TIAA	\$ 10,097,716	\$ 9,085,999
Receivables-		
Participant contributions	27,448	23,521
Employer contributions	<u>15,588</u>	<u>15,670</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 10,140,752</u>	<u>\$ 9,125,190</u>

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

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 812,015	\$ 821,598
Interest and dividends	140,105	81,763
TOTAL INVESTMENT INCOME	952,120	903,361
Contributions:		
Participants	327,369	327,283
Employer	189,581	187,021
Rollover	543	542
TOTAL CONTRIBUTIONS	517,493	514,846
Other receipts	49	-
TOTAL ADDITIONS	1,469,662	1,418,207
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	439,724	406,745
Participant loans issued	(375)	-
Fees	14,734	10,124
Other deductions	49	-
Interfund transfer - (In)/Out	(32)	(7)
TOTAL DEDUCTIONS	454,100	416,862
INCREASE IN NET ASSETS	1,015,562	1,001,345
NET ASSETS AVAILABLE FOR BENEFITS:		
<i>Beginning of year</i>	<u>9,125,190</u>	<u>8,123,845</u>
<i>End of year</i>	<u>\$ 10,140,752</u>	<u>\$ 9,125,190</u>

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

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

1. DESCRIPTION OF THE ORGANIZATION:

The following description of **LIVINGSTONE COLLEGE'S DEFINED CONTRIBUTION RETIREMENT PLAN** (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

- General – The Plan is a Defined Contribution Plan that operates under section 403(b) of the Internal Revenue Code (IRC). The purpose of the Plan is to provide retirement benefits for participating employees. Benefits are provided through:
 - (a) Teachers Insurance and Annuity Association (TIAA). TIAA provides a Traditional Annuity and a variable annuity investing mainly in real estate and real estate related investments;
 - (b) College Retirement Equities Fund (CREF). CREF provides variable annuities.
- Contributions – Employees are not limited in their contribution to the Plan. However, the College matches up to five percent (5%) of the employee's base compensation. Age 50 and special code Section 403(b) catchup contributions are allowed under the Plan.
- Participant Accounts – Each participant's account is credited with the participant's contribution, allocation of the College's matching contribution and Plan gains or losses.
- Investment Options – Upon enrollment in the

Plan, participants may direct the investment of their contributions and the College's contributions into various investment contracts and annuity options offered by the Plan.

- Vesting – Employee contributions are fully vested immediately when received. Plan (employer) matching contributions are fully vested after two years of continuous service. Plan (employer) contributions are forfeitable up to the second year of full-time employment if termination or separation from College employment occurs. Any forfeited contributions are returned to the employer to reduce the future employer contributions under the Plan.
- Distributions – Participants will receive benefits as they elect following normal retirement age (65). Distribution of the accumulation amounts will not exceed the life of the participant and/or a designated beneficiary.
- Rollovers – Participants may roll over all or a portion of funds into another Section 403(b) retirement plan or into an Individual Retirement Account (IRA).





NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND OTHER MATTERS:

Basis of Accounting—

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America, except for distributions paid to participants which are prepared on the cash basis of accounting.

Use of Accounting Estimates—

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets, liabilities and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition—

Plan assets are valued on a daily basis. The daily value is applied to daily purchase and sale transactions. Additionally, the net asset value is used to value plan investments on the last day of

the reporting plan year. Interest on the Traditional Annuity and Stable Return Annuity is also calculated daily. Traditional Annuity and Stable Return Annuity are reported at contract value, which approximates fair value.

Contributions—

Contributions from employees are recorded in the period in which the College makes the payroll deductions from participant earnings.

Distributions—

Distributions are recorded when paid. At December 31, 2021 and 2020, there were no benefits processed and approved for payment, but not paid.

Expenses—

Certain of the Plan's administrative expenses such as legal and accounting are paid by the College. Other expenses such as investment management, recordkeeping and distribution fees are considered indirect fees and are based on expense ratios. These expenses are reflected in the value of the Plan's investments.

3. 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 participants' account balances and the amounts reported in the *Statement of Net Assets Available for Benefits*.



NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(Continued)

4. INVESTMENTS (UNAUDITED):

The Plan reports its investments using a concept of fair value which focuses on exit price, the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. There are three (3) levels of fair value hierarchy:

Level 1 - Valuations based on quoted prices (unadjusted) in an active market that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2 - Valuations based on observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations where all significant inputs are observable and can be derived principally from or corroborated with observable market data.

Level 3 - Valuations based on unobservable inputs are used when little or no market data is available. The fair value hierarchy gives lowest priority to Level 3 inputs.

The Plan's investments are held and administered by the Teachers Insurance and Annuity Association (TIAA). All investment information presented in the accompanying financial statements and supplemental schedules, including investments held, and interest and dividends, was obtained or derived from information supplied to the Plan Administrator and certified

as complete and accurate by the Custodians listed above.

TIAA Traditional Annuity is considered a Level 3 valuation and reported at contract value segregated into non-benefit and fully benefit responsive categories. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable. While transactions involving the purchases/sales of individual TIAA Traditional Annuity contracts are not observable in a public marketplace, contract value provides a good approximation of fair value. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. TIAA Traditional Annuity holdings within liquid contracts are considered TIAA Traditional Benefit Responsive (BR). TIAA Traditional holdings within liquid contracts are considered TIAA Traditional Non-Benefit Responsive (NBR).

All other investments are considered Level 1 valuations.



LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(Continued)

4. INVESTMENTS (UNAUDITED): (Continued)

(a) *Assets measured at fair value on a recurring basis at December 31, 2021 and 2020 –*

	2021			
Assets	Level 1	Level 2	Level 3	Total
Annuity Contracts:				
<i>Fixed annuities-</i>				
TIAA Traditional Annuity NBR1	\$ -	\$ -	\$2,794,438	\$ 2,794,438
TIAA Traditional Annuity BR1	-	-	192,061	192,061
TIAA Traditional Annuity NBR2	-	-	136,726	136,726
<i>Variable annuities-</i>				
TIAA Real Estate	222,625	-	-	222,625
CREF Stocks and Bonds	3,513,372	-	-	3,513,372
TIAA Stocks and Bonds	2,488,021	-	-	2,488,021
TIAA Access T4 Mutual Funds	165,376	-	-	165,376
TIAA Stable Value	91,603	-	-	91,603
T Rowe Blue Chip Growth	65,490	-	-	65,490
Vanguard	265,242	-	-	265,242
Janus Enterprise Fund	56,119	-	-	56,119
Victory Integrity Sm-Cp Val R6	2,841	-	-	2,841
American Beacon Int EQ Inst	1,148	-	-	1,148
Metropolitan West TotRetBnd	40,792	-	-	40,792
Blackrock High Yield Bd USDolHed	9,131	-	-	9,131
PIMCO Foreign Bd USDolHed Inst	11,618	-	-	11,618
InvescoOppenheimerInterGrowthR6	13,937	-	-	13,937
Participant Loan Fund	27,176	-	-	27,176
	<u>\$6,974,491</u>	<u>\$ -</u>	<u>\$3,123,225</u>	<u>\$10,097,716</u>

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(Continued)

4. INVESTMENTS (UNAUDITED): (Continued)

(a) Assets measured at fair value on a recurring basis at December 31, 2021 and 2020 –
(continued)

	2020			
Assets	Level 1	Level 2	Level 3	Total
Annuity Contracts:				
<i>Fixed annuities-</i>				
TIAA Traditional Annuity NBR	\$ -	\$ -	\$ 2,889,268	\$2,889,268
TIAA Traditional Annuity BR1	-	-	193,372	193,372
TIAA Traditional Annuity NBR2	-	-	126,246	126,246
<i>Variable annuities-</i>				
TIAA Real Estate	229,409	-	-	229,409
CREF Stocks and Bonds	3,112,676	-	-	3,112,676
TIAA Stocks and Bonds	1,926,334	-	-	1,926,334
TIAA Access T4 Mutual Funds	143,766	-	-	143,766
TIAA Stable Value	93,559	-	-	93,559
T Rowe Blue Chip Growth	47,253	-	-	47,253
Vanguard	216,917	-	-	216,917
Janus Henderson Enterprise N	53,937	-	-	53,937
Victory Integrity Sm-Cp Val R6	1,900	-	-	1,900
American Beacon Int EQ Inst	1,045	-	-	1,045
Metropolitan West TotRetBnd	32,329	-	-	32,329
Blackrock High Yield Bd USDolHed	5,200	-	-	5,200
PIMCO Foreign Bd USDolHed Inst	7,740	-	-	7,740
InvescoOppenheimerInterGrowthR6	3,907	-	-	3,907
Plan Loan Default Fund	1,141	-	-	1,141
	<u>\$ 5,877,113</u>	<u>\$ -</u>	<u>\$ 3,208,886</u>	<u>\$9,085,999</u>

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(Continued)

4. INVESTMENTS (UNAUDITED): *(Continued)*

(b) Assets measured at fair value on a recurring basis using significant unobservable inputs –

	<u>2021</u>	<u>2020</u>
<u>Assets</u>		
Balance, beginning of year	\$ 3,208,886	\$ 3,195,531
Transfers into Level 3	120,879	161,929
Transfers out of Level 3	(114,582)	(140,292)
Realized gains/losses	71,868	64,075
Unrealized gains/losses in relation to instruments still held at reporting date	36,367	60,413
Purchases, sales, issuances and settlements, <i>net</i>	<u>(200,193)</u>	<u>(132,770)</u>
<i>Ending Balance</i>	<u><u>\$ 3,123,225</u></u>	<u><u>\$ 3,208,886</u></u>

5. DEPARTMENT OF LABOR (DOL) ERISA SECTION 103(a)(3)(C) AUDIT:

The Plan Administrator has elected the ERISA Section 103(a)(3)(C) audit of the Plan as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). TIAA, the Plan's Custodian, provided a certification letter that certifies investment records kept by TIAA are complete and accurate for the plan years

ended December 31, 2021 and 2020. These certifications extend to investment records kept by TIAA for which JP Morgan Chase Bank, a New York banking corporation, and its successors, if any, act as a Directed Trustee, Custodian or both. The Plan's independent accountant did not perform auditing procedures with respect to this information.

6. TAX STATUS:

The Plan is exempt under Internal Revenue Code section 403(b). A 403(b) plan is a retirement plan offered by public schools and certain organiza-

tions tax exempt under Internal Revenue Code Section 501(c)(3).

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(Continued)

6. TAX STATUS: *(Continued)*

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that will more-likely-than-not be sustained upon examination by taxing authorities.

The Plan Administrator has analyzed the tax positions taken by the Plan for the years ended December 31, 2021 and 2020. The Plan Administrator acknowledges that there is an element of the Plan that could affect the Plan's exempt status. The element is a failure to perform the Actual Contribution Percentage (ACP) test. The potential tax liability and possible effects of these elements are unknown. The College is in the process of correcting this element to be in accordance with applicable IRC guidelines and to take such steps as may be necessary in order to maintain the Plan's

continued exempt status.

The Plan is subject to routine audits by taxing jurisdictions, and the IRS concluded a plan audit for the 2009-2016 plan years by issuing a Closing Agreement after requiring full correction of identified operational issues. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2009, which was the first year of tax filings required by the IRS for the Plan.

The Internal Revenue Service ("IRS") has not determined by letter that the College's Plan is designed in accordance with applicable sections of the IRC. The College intends to rely on a favorable Determination Letter issued for the Master Plan and Adoption Agreement which is expected to be issued to the Plan Administrator as soon as the IRS program is open for this purpose.

7. PLAN TERMINATION:

Although it has not expressed any intent to do so, the College has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of

Employee Retirement Income Security Act (ERISA). However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

8. PLAN EXPENSES AND PARTIES-IN-INTEREST:

The College paid audit fees on behalf of the Plan totaling \$16,950 and \$16,450 during the years ended December 31, 2021 and 2020, respectively.

The Plan investments are sponsored and managed by the Plan's Custodian, TIAA, as defined by

the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to \$51,930 and \$46,707 for the years ended December 31, 2021 and 2020, respectively.

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(Continued)

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

For the years ended December 31, 2021 and 2020, the reconciliation of net assets available for benefits as reported in the accompanying financial statements to Form 5500 (Annual Return/Report of Employee Benefit Plan) is presented below.

Additionally, a reconciliation of changes in net assets available for benefits as reported in the accompanying financial statements to Form 5500 for the years ended December 31, 2021 and 2020 is shown below.

	2021	2020
Net assets available for benefits per financial statements	\$10,140,752	\$ 9,125,190
Contributions receivable	<u>(43,036)</u>	<u>(39,191)</u>
<i>Net assets available for benefits per the Form 5500</i>	<u>\$10,097,716</u>	<u>\$ 9,085,999</u>
Employee contributions per the financial statements:	327,369	327,283
Employee contributions receivable, <i>current</i>	(27,448)	(23,521)
Employee contributions receivable, <i>prior</i>	<u>23,521</u>	<u>26,685</u>
<i>Employee Contributions per the Form 5500</i>	<u>\$ 323,442</u>	<u>\$ 330,447</u>

10. PROHIBITED TRANSACTIONS:

As required by ERISA Section 2510.3-102, the Plan Sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages. During the 2009 through 2018 Plan years, the College did not remit timely to the Plan's custodian, certain employee contributions totaling \$426,038 related to the DCR Plan and \$94,041 related to the former TDA Plan, within the periods prescribed by the U.S. Department of Labor Regulations. The TDA Plan has since

been consolidated with the DCR Plan but the \$94,041 in untimely employee contributions were not resolved prior to the consolidation. As such, the late payments are disclosed here until fully resolved. The College could not produce records of timely contributions during the years stated above. The delayed contributions are considered prohibited, or non-exempt transactions. The corrective action includes calculating and submitting the lost earnings to the Plan's custodian, TIAA, to restore profits for plan participants. During our review, no evidence of corrective actions was provided by the College.

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020
(Continued)

11. SUBSEQUENT EVENTS:

The CARES Act was signed into law on March 27, 2020 to provide financial support to individuals, businesses and state and municipal governments in response to the COVID-19 pandemic. The law includes several retirement plan provisions, some of which are mandatory and others are optional or required employer/sponsor adoption.

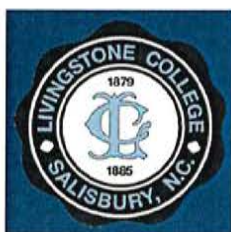
Some of the key provisions of this legislation are as follows:

- Waiver of required minimum distribution for 2020;
- Waiver of 10% penalty for any coronavirus-related distribution to a qualified individual up to \$100,000 through December 31, 2020;

- Sponsors may raise the maximum loan amounts on new participant loans; and
- Loan repayment due dates (from March 27, 2020 to December 31, 2020) may be delayed for one year.

Plan sponsors have until at least the end of the 2022 plan year to adopt the amendments related to the CARES Act.

The date through which subsequent events have been evaluated is October 14, 2022 and represents the date in which the financial statements were available for issuance.



SUPPLEMENTAL SCHEDULES



LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS-DCR PLAN
FOR THE YEAR ENDED DECEMBER 31, 2021

Plan Number: 001

Year of Origin	Participant Contributions	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51
	Check here if Late Participant Loan Repayments are Included: ☐	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Corrections in Voluntary Fiduciary Correction Program (VFCP)	
2009	\$ 10,994	\$ 10,994	\$ -	\$ -	\$ -
2009	\$ 11,715	\$ 11,715	\$ -	\$ -	\$ -
2009	\$ 12,881	\$ 12,881	\$ -	\$ -	\$ -
2009	\$ 13,017	\$ 13,017	\$ -	\$ -	\$ -
2009	\$ 13,472	\$ 13,472	\$ -	\$ -	\$ -
2009	\$ 13,403	\$ 13,403	\$ -	\$ -	\$ -
2009	\$ 13,411	\$ 13,411	\$ -	\$ -	\$ -
2009	\$ 12,522	\$ 12,522	\$ -	\$ -	\$ -
2009	\$ 15,836	\$ 15,836	\$ -	\$ -	\$ -
2009	\$ 16,139	\$ 16,139	\$ -	\$ -	\$ -
2009	\$ 16,139	\$ 16,139	\$ -	\$ -	\$ -
2009	\$ 16,139	\$ 16,139	\$ -	\$ -	\$ -
2010	\$ 19,486	\$ 19,486	\$ -	\$ -	\$ -
2010	\$ 19,451	\$ 19,451	\$ -	\$ -	\$ -
2010	\$ 19,306	\$ 19,306	\$ -	\$ -	\$ -
2010	\$ 20,031	\$ 20,031	\$ -	\$ -	\$ -
2010	\$ 20,157	\$ 20,157	\$ -	\$ -	\$ -
2010	\$ 14,198	\$ 14,198	\$ -	\$ -	\$ -
2010	\$ 11,948	\$ 11,948	\$ -	\$ -	\$ -
2010	\$ 18,762	\$ 18,762	\$ -	\$ -	\$ -
2010	\$ 14,960	\$ 14,960	\$ -	\$ -	\$ -
2010	\$ 14,475	\$ 14,475	\$ -	\$ -	\$ -
2010	\$ 15,210	\$ 15,210	\$ -	\$ -	\$ -
2010	\$ 16,442	\$ 16,442	\$ -	\$ -	\$ -
2011	\$ 22,354	\$ 22,354	\$ -	\$ -	\$ -
2011	\$ 23,410	\$ 23,410	\$ -	\$ -	\$ -
2013	\$ 7,280	\$ 7,280	\$ -	\$ -	\$ -
2018	\$ 2,900	\$ 2,900	\$ -	\$ -	\$ -
	\$ 426,038	\$ 426,038	\$ -	\$ -	\$ -

Note: As of December 31, 2021, corrective action of calculating and submitting lost earnings to the Plan custodian has not been completed.

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS-TDA PLAN
FOR THE YEAR ENDED DECEMBER 31, 2021

Plan Number: 001

Year of Origin	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCE) and Prohibited Transaction Exemption (PTE) 2002-51
	Check here if Late Participant Loan Repayments are Included: ☐	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCE)	Contributions Pending Corrections in Voluntary Fiduciary Correction Program (VFCE)	
2009	\$ 6,854	\$ 6,854	\$ -	\$ -	\$ -
2009	\$ 7,062	\$ 7,062	\$ -	\$ -	\$ -
2009	\$ 7,316	\$ 7,316	\$ -	\$ -	\$ -
2009	\$ 7,342	\$ 7,342	\$ -	\$ -	\$ -
2009	\$ 7,168	\$ 7,168	\$ -	\$ -	\$ -
2009	\$ 1,654	\$ 1,654	\$ -	\$ -	\$ -
2009	\$ 1,668	\$ 1,668	\$ -	\$ -	\$ -
2009	\$ 1,668	\$ 1,668	\$ -	\$ -	\$ -
2009	\$ 1,589	\$ 1,589	\$ -	\$ -	\$ -
2009	\$ 4,224	\$ 4,224	\$ -	\$ -	\$ -
2009	\$ 4,224	\$ 4,224	\$ -	\$ -	\$ -
2009	\$ 4,224	\$ 4,224	\$ -	\$ -	\$ -
2010	\$ 4,099	\$ 4,099	\$ -	\$ -	\$ -
2010	\$ 4,099	\$ 4,099	\$ -	\$ -	\$ -
2010	\$ 4,099	\$ 4,099	\$ -	\$ -	\$ -
2010	\$ 4,099	\$ 4,099	\$ -	\$ -	\$ -
2010	\$ 4,099	\$ 4,099	\$ -	\$ -	\$ -
2010	\$ 3,140	\$ 3,140	\$ -	\$ -	\$ -
2010	\$ 890	\$ 890	\$ -	\$ -	\$ -
2010	\$ 890	\$ 890	\$ -	\$ -	\$ -
2010	\$ 2,058	\$ 2,058	\$ -	\$ -	\$ -
2010	\$ 3,979	\$ 3,979	\$ -	\$ -	\$ -
2011	\$ 3,764	\$ 3,764	\$ -	\$ -	\$ -
2011	\$ 3,832	\$ 3,832	\$ -	\$ -	\$ -
	\$ 94,041	\$ 94,041	\$ -	\$ -	\$ -

Note: As of December 31, 2021, corrective action of calculating and submitting lost earnings to the Plan custodian has not been completed.

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2021

Plan Number: 001

(A)	(B) Identity of Issuer, Borrower, Lessor or Similar Party	(C) Description of Non-Investment	(D) Cost	(E) Current Value
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Traditional Benefit Responsive	\$ 146,624	\$ 192,061
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Traditional Non Benefit Responsive	\$ 2,106,559	\$ 2,794,438
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Traditional Non Benefit Responsive	\$ 118,192	\$ 136,726
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Stable Value	\$ 87,902	\$ 91,603
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Real Estate	\$ 146,238	\$ 222,625
*	College Retirement Equities Fund variable annuities	CREF Stock	\$ 643,803	\$ 2,058,989
*	College Retirement Equities Fund variable annuities	CREF Money Market	\$ 237,395	\$ 241,127
*	College Retirement Equities Fund variable annuities	CREF Social Choice	\$ 73,472	\$ 178,568
*	College Retirement Equities Fund variable annuities	CREF Bond Market	\$ 48,338	\$ 71,196
*	College Retirement Equities Fund variable annuities	CREF Global Equities	\$ 144,521	\$ 379,490
*	College Retirement Equities Fund variable annuities	CREF Growth	\$ 72,095	\$ 353,212
*	College Retirement Equities Fund variable annuities	CREF Equity Index	\$ 27,763	\$ 117,952
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond	\$ 80,967	\$ 112,838
*	College Retirement Equities Fund variable annuities	TIAA-CREF Stock and Bonds	\$ 2,076,825	\$ 2,488,021
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Access T4 Mutual Funds	\$ 91,381	\$ 165,376
*	Teachers Insurance and Annuity Association (TIAA)	T Rowe Blue Chip Growth	\$ 49,028	\$ 65,490
*	Mutual Fund	Vanguard	\$ 207,562	\$ 265,242
*	Mutual Fund	Victory Integrity Sm-Cp Val R6	\$ 2,446	\$ 2,841
*	Mutual Fund	American Beacon Int EQInst	\$ 807	\$ 1,148
*	Mutual Fund	Metropolitan West TotRetBnd	\$ 40,637	\$ 40,792
*	Mutual Fund	Blackrock High Yield Bd USDolHed Inst	\$ 8,925	\$ 9,131
*	Mutual Fund	PIMCO Foreign Bd USDolHed Inst	\$ 11,787	\$ 11,618
*	Mutual Fund	Janus Enterprise Fund	\$ 51,313	\$ 56,119
*	Mutual Fund	InvescOppenheimerInterGrowthR6	\$ 14,501	\$ 13,937
*	Mutual Fund	Participant Loan Fund	\$ 27,176	\$ 27,176

* - *Party-in-interest*

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020

Plan Number: 001

(A)	(B) Identity of Issuer, Borrower, Lessor or Similar Party	(C) Description of Non-Investment	(D) Cost	(E) Current Value
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Traditional Benefit Responsive	\$ 152,261	\$ 193,372
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Traditional Non Benefit Responsive	\$ 2,228,828	\$ 2,889,266
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Traditional Non Benefit Responsive 2	\$ 112,314	\$ 126,246
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Stable Value	\$ 90,930	\$ 93,559
*	Teachers Insurance and Annuity Association (TIAA)	TIAA Real Estate	\$ 161,439	\$ 229,409
*	College Retirement Equities Fund variable annuities	CREF Stock	\$ 674,746	\$ 1,813,471
*	College Retirement Equities Fund variable annuities	CREF Money Market	\$ 223,402	\$ 227,397
*	College Retirement Equities Fund variable annuities	CREF Social Choice	\$ 70,897	\$ 157,718
*	College Retirement Equities Fund variable annuities	CREF Bond Market	\$ 51,872	\$ 77,775
*	College Retirement Equities Fund variable annuities	CREF Global Equities	\$ 142,827	\$ 331,202
*	College Retirement Equities Fund variable annuities	CREF Growth	\$ 74,078	\$ 300,131
*	College Retirement Equities Fund variable annuities	CREF Equity Index	\$ 28,842	\$ 96,802
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond	\$ 81,501	\$ 108,182
*	College Retirement Equities Fund variable annuities	TIAA-CREF Stock and Bonds	\$ 1,611,784	\$ 1,926,335
*	College Retirement Equities Fund variable annuities	TIAA Access T4 Mutual Funds	\$ 88,445	\$ 143,766
*	College Retirement Equities Fund variable annuities	T Rowe Blue Chip Growth	\$ 33,780	\$ 47,253
*	College Retirement Equities Fund variable annuities	Vanguard	\$ 177,201	\$ 216,916
*	College Retirement Equities Fund variable annuities	Victory Integrity Sm-Cp Val R6	\$ 1,736	\$ 1,900
*	College Retirement Equities Fund variable annuities	American Beacon Int EQ Inst	\$ 686	\$ 1,045
*	College Retirement Equities Fund variable annuities	Metropolitan West TotRetBnd	\$ 31,361	\$ 32,329
*	College Retirement Equities Fund variable annuities	Blackrock High Yield Bd USDolHed Inst	\$ 5,029	\$ 5,200
*	College Retirement Equities Fund variable annuities	PIMCO Foreign Bd USDolHed Inst	\$ 7,602	\$ 7,740
*	College Retirement Equities Fund variable annuities	Janus Enterprise Fund	\$ 46,330	\$ 53,937
*	College Retirement Equities Fund variable annuities	Oppenheimer Interntl' Growth 1	\$ 3,518	\$ 3,907
*	College Retirement Equities Fund variable annuities	Plan Loan Default Fund	\$ 1,141	\$ 1,141

*** - Party-in-interest**



Murphy and Company, P.C.

The Atlanta Office

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“Building Stronger Institutions for the Next Generation”

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2021

Plan Number: 001

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* - *Party-in-interest*

LIVINGSTONE COLLEGE
DEFINED CONTRIBUTION RETIREMENT PLAN



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*** - Party-in-interest**