

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>COLLEGE OF MOUNT SAINT VINCENT 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>03/09/1976</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>13-1740445</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>718-405-3212</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>03/09/1976</u>		2b Employer Identification Number (EIN) <u>13-1740445</u>		2c Plan Sponsor's telephone number <u>718-405-3212</u>		2d Business code (see instructions) <u>611000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>03/09/1976</u>											
2b Employer Identification Number (EIN) <u>13-1740445</u>											
2c Plan Sponsor's telephone number <u>718-405-3212</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>COLLEGE OF MOUNT SAINT VINCENT</u> <u>6301 RIVERDALE AVE.</u> <u>BRONX, NY 10471</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	SAMUEL SOLA
	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	528
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)	238
a(2) Total number of active participants at the end of the plan year		6a(2)	286
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	277
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	563
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	568
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	542
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: 2L 2F 2G 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</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 COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445

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	407680	406	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

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	(c) Amount	(d) Purpose	

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

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

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

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	(c) Amount	(d) Purpose	

(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	15853611
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	29184227

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	17187936
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c	Additions: (1) Contributions deposited during the year	7c(1)	171951	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	576950	
	(4) Transferred from separate account.....	7c(4)	1839235	
	(5) Other (specify below)	7c(5)	580	

▶ PLAN SERVICING CREDIT

(6) Total additions	7c(6)	2588716
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d Total of balance and additions (add lines 7b and 7c(6))	7d	19776652
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1991600	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	1930392	
(4) Other (specify below)	7e(4)	1049	

▶ FEES

(5) Total deductions	7e(5)	3923041
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	15853611
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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)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445

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
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	057240-H	80	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	736

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
TARRYTOWN REGIONAL OFFICE 120 WHITE PLAINS ROAD, SUITE 120
TARRYTOWN, NY 10591-5588

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	736	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1114130
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	9735170

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	965285
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c	Additions: (1) Contributions deposited during the year	7c(1)	63173	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	9014	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	223996	

▶ ROLLOVER, ADJUSTMENT

(6) Total additions	7c(6)	296183
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1261468
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	74982	
	(2) Administration charge made by carrier.....	7e(2)	296	
	(3) Transferred to separate account.....	7e(3)	72060	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	147338
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1114130
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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)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445	

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	
DELAWARE VIP TRUST	ONE COMMERCE SQUARE 2005 MARKET STREET PHILADELPHIA, PA 19103
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA-CREF INVESTMENT MANAGEMENT,LLC	730 THIRD AVENUE NEW YORK, NY 10017
13-3586142	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY MANAGEMENT & RESEARCH CO.	82 DEVONSHIRE STREET BOSTON, MA 02109
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE VANGUARD GROUP	PO BOX 2600 VALLEY FORGE, PA 19482-2600

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

DEUTSCHE INVESTMENT MGMT AMERICAS

222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

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

OPPENHEIMER FUNDS, INC.

PO BOX 5270
DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENT MGMT.

PO BOX 419786
KANSAS CITY, MO 64141

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

CALVERT INVESTMENT MGMT.,INC.

4550 MONTGOMERY AVENUE, SUITE 1000N
BETHESDA, MD 20814

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

CAPITAL RESEARCH & MANAGEMENT CO.

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T.ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

MFS VARIABLE INSURANCE TRUST III

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

VICTORY VARIABLE INSURANCE FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

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

NEUBERGER BERMAN BD LLC

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

GOLDMAN SACHS VARIABLE INSURANCE TR

200 WEST STREET
NEW YORK, NY 10282

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

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

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

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

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

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

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

CAPFINANCIAL PARTNERS, LLC

PO BOX 600071
RALEIGH, NC 27675-6071

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	45000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA-TEACHERS INSURANCE & ANNUITY

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 50 37 64	NONE	13316	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MUTUAL OF AMERICA LIFE INSURANCE CO

13-1614399

(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?
12 15 50 37 65	CONTRACT PROVIDER	590	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

A Name of plan <u>COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COLLEGE OF MOUNT SAINT VINCENT</u>	D Employer Identification Number (EIN) <u>13-1740445</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1901223</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NO.2</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9735170</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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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 COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445	

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)	0	2213
(2) Participant contributions.....	1b(2)	0	3739
(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)	161296	155534
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10347791	11636393
(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)	27814962	31620741
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	18153221	16967741
(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	56477270 60386361
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	56477270 60386361

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	604964
	(B) Participants	2a(1)(B)	1154188
	(C) Others (including rollovers).....	2a(1)(C)	322647
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2081799
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)	9554
	(F) Other	2b(1)(F)	586545
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	596099
(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)	119197
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	119197
(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)		1617914
(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)		4258402
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8673411
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3132318	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1570309	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4702627
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		2787
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	45000	
(2) Contract administrator fees.....	2i(2)	13906	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		58906
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4764320
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3909091
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: EISNERAMPER LLP

(2) EIN: 87-1363769

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		3254

	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.
---	--	---

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

A Name of plan COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE OF MOUNT SAINT VINCENT	D Employer Identification Number (EIN) 13-1740445

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 13-1614399		
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	15

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 _____



**COLLEGE OF MOUNT SAINT VINCENT
DEFINED CONTRIBUTION PLAN**

(formerly known as College of Mount Saint Vincent
Defined Contribution Retirement Plan)

FINANCIAL STATEMENTS

**DECEMBER 31, 2021 and 2020
(with supplemental information)**



COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries
of the College of Mount Saint Vincent Defined Contribution Plan

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

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

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

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

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



"EisnerAmper" is the brand name under which EisnerAmper LLP and Eisner Advisory Group LLC provide professional services. EisnerAmper LLP and Eisner Advisory Group LLC are independently owned firms that practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations and professional standards. EisnerAmper LLP is a licensed CPA firm that provides attest services, and Eisner Advisory Group LLC and its subsidiary entities provide tax and business consulting services. Eisner Advisory Group LLC and its subsidiary entities are not licensed CPA firms.

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.



- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

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

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



In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

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

A stylized, handwritten-style signature of "EisnerAmper LLP" in black ink.

EISNERAMPER LLP
Iselin, New Jersey
October 17, 2022



COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2021	2020
ASSETS		
Investments, at fair value	\$ 43,257,134	\$ 38,162,753
Investments, at contract value	16,967,741	18,153,221
Total	60,224,875	56,315,974
Notes receivable from participants	158,321	161,296
Contribution receivable:		
Participant	3,739	-
Employer	2,213	-
	5,952	-
Net assets available for benefits	\$ 60,389,148	\$ 56,477,270

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net realized/unrealized appreciation in value of investments	\$ 6,325,884
Interest and dividend income	257,231

6,583,115

Interest income on notes receivable from participants	8,496
---	-------

Contributions:

Participants	1,154,188
Employer	604,965
Rollovers	322,647

2,081,800

Total additions	8,673,411
-----------------	-----------

Deductions from net assets attributed to:

Benefits paid to participants	4,702,627
Administrative expenses	58,906

4,761,533

Increase in net assets available for benefits	3,911,878
--	------------------

Net assets available for benefits – beginning of year	56,477,270
---	------------

Net assets available for benefits – end of year	\$ 60,389,148
--	----------------------

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE A - DESCRIPTION OF THE PLAN

The following description of the College of Mount Saint Vincent Defined Contribution Plan, formerly known as the College of Mount Saint Vincent Defined Contribution Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Effective November 1, 2020, the Plan name was changed.

[1] General:

The Plan is a defined contribution plan, also known as a tax-sheltered annuity plan, covering substantially all full-time employees of the College of Mount Saint Vincent (the "College"). There is no service requirement for new hires and substantially all employees age 18 and over are eligible upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective January 1, 2019, the Plan was restated and adopted an ERISA 403(b) Volume Submitter Plan sponsored by Teachers Insurance and Annuity Association of America ("TIAA").

Effective January 1, 2019, mutual funds are offered as an investment option by the Plan. Mutual fund investments are held by TIAA, FSB and records kept by TIAA. In addition, certain options are closed to new contributions including certain variable annuity contracts offered by TIAA and College Retirement Equities Fund ("CREF"). Funds may remain in the discontinued investment options until the participant elects a transfer, as defined.

[2] Contributions:

Participants may contribute up to 100% of pre-tax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Special code Section 403(b) catch-up contributions are permitted if a participant has 15 years of service ("15 years of service catch-up"). The 15 years of service catch-up enables the limit on elective deferrals to a participant's account to be increased by up to \$3,000 in any year, up to a lifetime employer maximum of \$15,000. In no event may participant pre-tax contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Pursuant to the Plan's provisions, the College's contributions may range from 0% to 10% of compensation at the discretion of the Board of Trustees. To receive a match, a participant must contribute at least 5% to the Plan. For the period from January 1, 2021 to September 1, 2021, the College provided matching contributions for all eligible participants at a rate of 4% of eligible compensation, as defined. Effective September 1, 2021, the College increased the matching contribution rate for all eligible participants to 6%. Participants direct the investment of participant and employer contributions into various investment options offered by the Plan.

[3] Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the College's contributions and (b) Plan earnings, and may be charged with an allocation of Plan losses and administrative expenses. Allocations are based on participant earnings or account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

[4] Vesting:

Participants are immediately vested in their contributions and the College's contributions, plus actual earnings and losses thereon.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[5] Loans to participants:

Participants may borrow from TIAA or Mutual of America Life Insurance Company ("MOA") and use a portion of their Plan account balance as collateral for the loan. The collateral is held in the TIAA Traditional Annuity or the MOA Interest Accumulation Account and the required collateral ranges from 110% to 120% of the loan balance. As of December 31, 2021 and 2020, approximately \$143,000 and \$160,000, respectively, of Plan assets were pledged as collateral for such loans made by the insurance companies. Participants may borrow up to a maximum equal to the lesser of \$50,000 or 45% of his or her account balance, subject to annuity contract and Plan provisions. Loan terms range from one to five years in one-year increments, or longer for the purchase of the participant's primary residence, as defined. Principal and interest is paid ratably by the participant to TIAA or MOA and each payment reduces the amount collateralized.

During 2021, approximately \$6,100 of Plan assets was distributed from the Plan, included as distributions, representing payout of collateral for defaulted loans of this type, which consists of employer and rollover components of participants' accounts for participants who are still employed by the Organization or School.

In 2019, participants were no longer permitted to borrow from TIAA and use a portion of their Plan account balance (invested in the TIAA Traditional Annuity) as collateral for loans to participants, as described above. Any existing Plan loans that were in place will remain in effect until they are paid off.

[6] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates on outstanding loan balances ranged from 4.25% to 6.50% at December 31, 2021 and 2020. Principal and interest are paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when they are incurred.

The Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law on March 27, 2020 and provided certain loan provisions. Participants, who met specific conditions, were eligible to take a COVID-19 related loan up to \$100,000 (an increase from \$50,000 previously allowed) for the period March 27, 2020 to September 22, 2020. Loan repayments due between March 27, 2020 and December 31, 2020 could have been suspended until January 1, 2021 for eligible participants, with the repayment amount re-amortized and the due date of the loan extended for up to 1 year.

[7] Payment of benefits:

On termination of service, a participant or beneficiary has the option to receive a lump-sum distribution, periodic withdrawals or annuity, as defined.

The CARES Act also provided optional distribution as well as suspension of required minimum distributions ("RMDs") for anyone required to receive an RMD in 2020. The Plan Sponsor has implemented the following provisions of the CARES Act and the Plan will be formally amended prior to December 31, 2022 as required by the Act.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[7] Payment of benefits: (continued)

Participants, who met specific conditions, were eligible to take a COVID-19 related distribution up to \$100,000 without a 10% early withdrawal penalty. Eligible distributions could have been taken from January 1, 2020 through December 31, 2020, and may be repaid within three years. The repayments will be treated as tax-free rollovers into the participant's account.

The Plan Sponsor elected to suspend paying RMDs to participants and beneficiaries that would otherwise be required to receive an RMD in 2020. However, participants and beneficiaries had a choice between receiving and not receiving the RMD for 2020. In addition, individuals that received an RMD prior to the enactment of the Act had until August 31, 2020 to rollover the RMD to an eligible retirement plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

The financial statements are prepared on the accrual method of accounting.

Investments held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

[2] Subsequent events:

The Plan has evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued.

[3] Investment valuation and income recognition:

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Plan expenses:

Substantially all expenses incurred in connection with the administration of the Plan are paid by the College, with the exception of fees paid for investment advisory services and fees related to participant-initiated transactions. Expenses that are paid by the College are excluded from these financial statements.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[6] Use of estimates:

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

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TIAA, CREF, TIAA on behalf of TIAA, FSB, and MOA have certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, the statement of changes in net assets available for benefits for the year ended December 31, 2021, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2021.

NOTE D - INVESTMENTS AT CONTRACT VALUE

TIAA

TIAA Traditional Annuity – The TIAA Traditional Annuity is a fixed-rate annuity contract that is fully and unconditionally guaranteed by TIAA. The guarantees and returns of the TIAA Traditional Annuity are backed by TIAA's claims-paying ability. Liquidity restrictions apply to the TIAA Traditional Annuity under certain types of annuity contracts. The TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1st. Additional interest is not guaranteed for future years. Contributions to a participant's account purchase a guaranteed amount of lifetime annuity income. When a participant's account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan. The TIAA Traditional Annuity is fully benefit-responsive and is reported at contract value. Amounts held under the investment contract with TIAA amounted to \$15,853,611 and \$17,187,936 as of December 31, 2021 and 2020, respectively.

The contract value equals the accumulated cash contributions, interest credited to the contracts, and transfers, if any, less any withdrawals and transfers. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange, and transactions in similar investment instruments are not observable.

The traditional investment contracts held by the Plan are a traditional annuity and guaranteed investment contract. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 2%. Effective crediting rate for the year ended December 31, 2021 was 3.5%, including all interest and dividends earned as well as realized and unrealized gains. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The TIAA Traditional Annuity within the Supplemental Retirement Annuity ("SRA") and Group Supplemental Retirement Annuity ("GSRA") contracts have no liquidity restrictions. The TIAA Traditional Annuity holdings within the Retirement Annuity ("RA") contracts have liquidity restrictions. The RA contract does not allow lump-sum cash withdrawals and transfers must be spread over a period of ten annual installments. The transfer payout annuity allows participants to transfer or withdraw their TIAA Traditional Annuity in ten annual installments.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE D - INVESTMENTS AT CONTRACT VALUE (CONTINUED)

Mutual of America

In 2009, the Plan entered into a benefit-responsive guaranteed investment contract with MOA. MOA maintains the contributions in a general account. The contract is reported at contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by MOA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Amounts held under the investment contract with MOA amounted to \$1,114,130 and \$965,285 as of December 31, 2021 and 2020, respectively.

The crediting rate is based on a formula established by the contract issuer and may be subject to change. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date. Effective crediting rate for the year ended December 31, 2021 was 1.0%.

The Plan's ability to receive amounts due in accordance with both fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. An issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE E - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual Funds – Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission (“SEC”). These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Certain funds may charge a 2% redemption fee on redemptions of shares occurring within 60 days of the initial purchase date.

Investments are comprised of custodial accounts made up of mutual funds (403(b)(7) accounts), which are valued at quoted market prices that represent the NAV of shares held and variable annuity contracts or 403(b)(1) annuities, which are valued as follows:

TIAA Real Estate Account – The TIAA Real Estate Account is a pooled separate account/insurance company separate account. This is a variable annuity product valued at NAV per accumulation unit, as a practical expedient to measure fair value, based on the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally utilizing external appraisals, which are estimates of property values based on the assessment of specialists and reported by TIAA. The TIAA Real Estate Account sometimes holds securities as well, and these are generally priced using values obtained from independent pricing sources. Transactions out are limited to one per calendar quarter. The TIAA General Account provides the Real Estate Account with a liquidity guarantee.

TIAA Access Annuity – TIAA Access Annuity is a separate account of TIAA and is a variable annuity registered with the SEC as an investment company under the Investment Company Act of 1940. It operates as a unit investment trust and invests in shares underlying mutual funds. Contributions to TIAA Access buy accumulation units whose value is calculated daily. The accumulation units are valued at NAV as a practical expedient to measure fair value. The value of a participant’s investment rises and falls with the return on the underlying assets.

The Plan invests in several Mutual of America Separate Accounts for Thrift Plan Contracts, which are pooled separate accounts. The Plan’s share of a pooled separate account is determined on a participant-unit or variable-unit basis. The Plan’s equity account provides a cumulative record of the number of participation units credited to the account and the number of units allocated or withdrawn from the account. The balance of participation units credited to the account multiplied by the current participation-unit value equals the amount of equity account assets held on behalf of the policyholder at any given time. The participation-unit value is adjusted periodically, usually each business day, to reflect investment results under the separate account. Shares of pooled separate accounts are valued at the NAV of shares held by the Plan at year-end as a practical expedient to measure fair value.

CREF Accounts – CREF Accounts are variable annuity accounts. Each CREF Account is a separate portfolio with its own investment objective and strategies. Investments in a CREF Account enable a unit holder to acquire units whose accumulation unit value, or NAV used as a practical expedient to measure fair value, is calculated each business day. The value of a unit holder’s investment rises and falls with the returns on the underlying assets. The Accounts invest principally in equity securities, fixed income instruments and short-term investments in accordance with each portfolio’s investment objectives. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing.

CREF Money Market Account – The CREF Money Market Account’s portfolio securities are valued using their amortized cost. This valuation method does not factor in unrealized gains or losses on the account’s portfolio securities. Amortized cost valuation involves first valuing a security at its cost, and thereafter assuming a constant amortization to maturity of any discount or premium, regardless of the impact of fluctuating interest rates on the security’s market value.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Accumulation units in CREF accounts are transacted at the accumulation unit value. Participants will be locked out of a CREF Account for 90 days if a purchase, sale, and repurchase within that account is made within a 60-day period, other than for the CREF Money Market Account.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Investment Assets at Fair Value as of December 31, 2021

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual funds	\$ 4,337,737	\$ -	\$ -	\$ 4,337,737
Investments measured at net asset value (A):				
TIAA Real Estate Account (A)(B)	-	-	-	1,901,223
Variable Annuity Contracts (A)(C)	-	-	-	27,283,004
Mutual of America Separate Accounts (A)(D)	-	-	-	9,735,170
Investments at fair value	<u>\$ 4,337,737</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 43,257,134</u>

Investment Assets at Fair Value as of December 31, 2020

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual funds	\$ 2,948,333	\$ -	\$ -	\$ 2,948,333
Investments measured at net asset value (A):				
TIAA Real Estate Account (A)(B)	-	-	-	2,046,314
Variable Annuity Contracts (A)(C)	-	-	-	24,866,628
Mutual of America Separate Accounts (A)(D)	-	-	-	8,301,478
Investments at fair value	<u>\$ 2,948,333</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,162,753</u>

(A) Certain investments that are measured at fair value using NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

- (B) The TIAA Real Estate Fund seeks to obtain favorable long-term total return through capital appreciation and current income by investing primarily in equity securities of companies engaged in the real estate industry.
- (C) The strategy of these investments is generally embedded in the name of the particular account as shown on the supplemental schedule of assets held for investment. The CREF Stock Account seeks a favorable long-term rate of return through capital appreciation and investment income by investing primarily in a broadly diversified portfolio of common stocks. Under normal circumstances, the account invests at least 80% of its assets in equity securities of foreign and domestic companies. The CREF Growth Account seeks a favorable long-term rate of return, mainly through capital appreciation, primarily from a diversified portfolio of common stocks that present the opportunity for exceptional growth. Under normal circumstances, the account invests at least 80% of its assets in common stocks and other equity securities. The account invests primarily in large, well-known, established companies, particularly those with new or innovative products, services or processes that may enhance future earnings prospects. The CREF Social Choice Account seeks a favorable long-term rate of return that reflects the investment performance of the financial markets while giving special consideration to certain social criteria. It divides its assets between foreign and domestic equity investments (about 60%) and bonds and other fixed-income investments, including money market securities (about 40%).
- (D) The strategy of these investments is generally embedded in the name of the particular account as shown on the supplemental schedule of assets held for investment. The American Century VP Capital Appreciation Fund seeks capital growth by investing in stocks of medium sized and smaller companies expected to increase in value over time. T. Rowe Price Blue Chip Growth Fund seeks long-term capital growth with income as a secondary objective and invests in common stocks of large and medium-sized blue chip growth companies. The Vanguard VIF International Portfolio seeks long-term capital appreciation through investment in large, mid, and small-cap international equities and is broadly diversified in international developed and emerging markets. DWS Capital Growth VIP has the objective to provide long-term growth of capital and invests at least 65% of its assets in common stocks of U.S. companies whose market capitalizations are similar to companies in the S&P 500 or the Russell 1000 Growth Index.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

NOTE F - MUTUAL FUND FEES

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

NOTE G - TAX STATUS

The Plan has adopted an ERISA 403(b) Volume Submitter Plan sponsored by TIAA. On August 7, 2017, the Internal Revenue Service stated in an advisory letter that the Volume Submitter adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code ("IRC") and therefore, the related accounts are exempt from taxation. The Plan has been amended since receiving the letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related accounts are tax-exempt.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE G - 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 recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations in progress.

NOTE H - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments are shares or units of fixed and variable annuities managed by TIAA and CREF, mutual funds offered by TIAA, FSB, and pooled separate accounts and a guaranteed interest account managed by MOA and, therefore, these transactions qualify as party-in-interest transactions. In addition, CapFinancial Partners LLC, d/b/a CapTrust Financial Advisors provides investment advisory services to the Plan. As a result, fees paid for investment advisory services qualify as party-in-interest transactions. Total fees paid by the Plan to parties-in-interest approximated \$58,900 for the year ended December 31, 2021.

NOTE I - 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, as well as risks related to the financial strength of the insurance companies. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2021 may not necessarily be indicative of amounts that could be realized in a current market exchange.

The extent of the impact of the coronavirus ("COVID-19") outbreak on the financial performance of the Plan's investments may continue to depend on future developments, including the duration and spread of the outbreak and related advisories and restrictions and the impact of COVID-19 on the financial markets and the overall economy, all of which are highly uncertain and cannot be predicted. Should the financial markets and/or the overall economy be impacted by future surges in cases, the Plan's investment results may be materially adversely affected.

NOTE J - 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 ERISA.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Notes to Financial Statements December 31, 2021 and 2020

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2021, to Form 5500:

Net assets available for benefits per the financial statements	\$ 60,389,148
Less: notes receivable from participant balances deemed distributed for Form 5500 purposes	<u>(2,787)</u>
Net assets available for benefits per the Form 5500	<u>\$ 60,386,361</u>

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2021, to Form 5500:

Total increase in net assets available for benefits per the financial statements	\$ 3,911,878
Less: change in notes receivable from participant balances deemed distributed for Form 5500 purposes	<u>(2,787)</u>
Total increase in net assets available for benefits per the Form 5500	<u>\$ 3,909,091</u>

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Fixed Annuity Contract:</u>	
*	TIAA	TIAA Traditional Annuity	\$ 15,853,611
		<u>Variable Annuity Contracts:</u>	
*	CREF	CREF Stock R1	11,058,091
*	CREF	CREF Money Market R1	684,936
*	CREF	CREF Social Choice R1	2,154,842
*	CREF	CREF Bond Market R1	1,017,514
*	CREF	CREF Global Equities R1	2,153,121
*	CREF	CREF Growth R1	3,326,680
*	CREF	CREF Equity Index R1	1,796,839
*	CREF	CREF Inflation-Linked Bond R1	564,155
*	TIAA	TIAA Access Core Bond Plus T3	25,589
*	TIAA	TIAA Access Core Bond T3	37,144
*	TIAA	TIAA Access Equity Index T3	45,400
*	TIAA	TIAA Access Growth & Income T3	50,074
*	TIAA	TIAA Access High-Yield T3	102,068
*	TIAA	TIAA Access Infl-Lnkd Bond T3	8,864
*	TIAA	TIAA Access Intl Equity Idx T3	255,192
*	TIAA	TIAA Access Intl Equity T3	52,046
*	TIAA	TIAA Access Lfcyle Rtmt Inc T3	1,532
*	TIAA	TIAA Access Lg-Cap Gr Idx T3	106,691
*	TIAA	TIAA Access Lg-Cap Gr T3	65,247
*	TIAA	TIAA Access Lg-Cap Val Idx T3	232,116
*	TIAA	TIAA Access Lg-Cap Val T3	115,695
*	TIAA	TIAA Access Lifecycle 2010 T3	5,091
*	TIAA	TIAA Access Lifecycle 2015 T3	112
*	TIAA	TIAA Access Lifecycle 2020 T3	193,399
*	TIAA	TIAA Access Lifecycle 2025 T3	40,315
*	TIAA	TIAA Access Lifecycle 2030 T3	170,901
*	TIAA	TIAA Access Lifecycle 2035 T3	197,073
*	TIAA	TIAA Access Lifecycle 2040 T3	88,221
*	TIAA	TIAA Access Lifecycle 2045 T3	134,810
*	TIAA	TIAA Access Lifecycle 2050 T3	185,701
*	TIAA	TIAA Access Mid-Cap Gr T3	223,331
*	TIAA	TIAA Access Mid-Cap Val T3	85,226
*	TIAA	TIAA Access Money Market T3	75,299

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Variable Annuity Contracts: (continued)</u>	
*	TIAA	TIAA Access Real Est Secs T3	211,943
*	TIAA	TIAA Access S&P 500 Index T3	21,438
*	TIAA	TIAA Access Short-Term Bond	93,691
*	TIAA	TIAA Access Sm-Cap BI Idx T3	80,409
*	TIAA	TIAA Access Quant Sml Cp Eq	75,284
*	TIAA	TIAA Access Social Ch Eq T3	105,245
*	TIAA	TIAA Access-AF Euro Pac Gr T3	109,195
*	TIAA	TIAA Access-AF Wash Mut Inv	122,974
*	TIAA	TIAA Access TRP Lg Cp Gr I T3	146,918
*	TIAA	TIAA Access-WAM Core PI Bd T3	52,151
*	TIAA	TIAA Access Lifecycle 2055 T3	4,494
*	TIAA	TIAA Access Bond Index T3	12,791
*	TIAA	TIAA Access Emrg Mkts Eq T3	10,213
*	TIAA	TIAA Access Emg Mk Eq Idx T3	18,519
*	TIAA	TIAA Access-DFA Emg Mkt Prt T3	133,886
*	TIAA	TIAA Access-D&C Intl Stock T3	27,521
*	TIAA	TIAA Access-VAN Em Mk St Ix T3	33,443
*	TIAA	TIAA Access-VAN Explorer T3	167,364
*	TIAA	TIAA Access-Int-Trm Trs T3	2,104
*	TIAA	TIAA Access-VAN Selectd Val T3	9,097
*	TIAA	TIAA Access-VAN SmCapVal Ix T3	254,195
*	TIAA	TIAA Access-VAN Wellington T3	336,814
		<u>Mutual Funds:</u>	
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2015-Inst	236,145
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2020-Inst	242,435
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2025-Inst	513,660
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2030-Inst	558,794
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2035-Inst	361,218
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2040-Inst	201,453
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2045-Inst	342,126
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2050-Inst	740,320
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2055-Inst	134,157
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2060-Inst	143,626
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2065-Inst	2,665
*	TIAA, FSB	TIAA-CREF Lfcyle Idx RtlN-Inst	6

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Mutual Funds: (continued)</u>	
*	TIAA, FSB	TIAA-CREF Money Market-Inst	57,335
	American Funds	American EuroPac Growth R6	18,757
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm	183,102
	Harbor Capital	Harbor Capital Appreciation Rt	6,221
	Allspring	Allspring Spec SmallCap Value R6	3,126
	MFS	MFS Value Fund R6	9,818
	MFS	MFS Mid Cap Value Class R6	12,995
	MFS	MFS Mid Cap Growth Class R6	3,792
	Principal	Small Cap Growth I R6	75
	Metropolitan West	Metropolitan W Tot Ret Bd Pln	41,786
	Vanguard	Vanguard Extended Mkt Idx Adm	69,383
	Vanguard	Vanguard 500 Idx Adm	409,115
	Vanguard	Vanguard Ttl Intl Stk Idx Adm	45,627
		<u>Pooled Separate Accounts:</u>	
*	TIAA	TIAA Real Estate Fund	1,901,223
*	Mutual of America	Mutual of America All America Fund	12,533
*	Mutual of America	Mutual of America Bond Fund	20,256
*	Mutual of America	Mutual of America Mid-Term Bond Fund	13,300
*	Mutual of America	Mutual of America Small Cap Equity Index	38,198
*	Mutual of America	Mutual of America Mid-Cap Equity Index	229,304
*	Mutual of America	Mutual of America Equity Index Fund	700,455
*	Mutual of America	Mutual of America Conservative Allocation	31,750
*	Mutual of America	Mutual of America Moderate Allocation	285,368
*	Mutual of America	Mutual of America Aggressive Allocation	174,912
*	Mutual of America	Mutual of America Small Cap Growth Fund	150,947
*	Mutual of America	Mutual of America Small Cap Value Fund	98,640
*	Mutual of America	Mutual of America 2015 Retirement Fund	36,954
*	Mutual of America	Mutual of America 2020 Retirement Fund	259,176
*	Mutual of America	Mutual of America 2025 Retirement Fund	87,428
*	Mutual of America	Mutual of America 2030 Retirement Fund	176,936
*	Mutual of America	Mutual of America 2035 Retirement Fund	518,448
*	Mutual of America	Mutual of America 2040 Retirement Fund	10,199
*	Mutual of America	Mutual of America 2045 Retirement Fund	81,881
*	Mutual of America	Mutual of America 2050 Retirement Fund	62,203
*	Mutual of America	Mutual of America 2055 Retirement Fund	9,197
*	Mutual of America	Mutual of America Composite Fund	69,922

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Pooled Separate Accounts: (continued)</u>	
*	Mutual of America	Mutual of America Mid Cap Value Fund	88,751
*	Mutual of America	Mutual of America Retirement Income Fund	900
*	Mutual of America	Delaware VIP Small Cap Value Series	88,308
*	Mutual of America	Goldman Sachs VIT Small Cap Equity Insights Fund	6,808
*	Mutual of America	American Century VP Capital Appreciation Fund	1,041,832
*	Mutual of America	American Funds IS New World Fund	12,730
*	Mutual of America	Fidelity Investments VIP Asset Manager Portfolio	64,990
*	Mutual of America	Fidelity Investments VIP Equity-Income Portfolio	34,594
*	Mutual of America	Fidelity Investments VIP Contrafund Portfolio	913,848
*	Mutual of America	Fidelity Investments VIP Mid Cap Portfolio	109,449
*	Mutual of America	Vanguard VIF Diversified Value Portfolio	105,508
*	Mutual of America	Vanguard VIF REIT Index Portfolio	46,690
*	Mutual of America	Vanguard VIF International Portfolio	1,125,620
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio	106,720
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio	1,568,857
*	Mutual of America	Calvert VP SRI Balanced Portfolio	66,917
*	Mutual of America	PIMCO VIT Real Return Portfolio	578
*	Mutual of America	Mutual of America Money Market Fund	297
*	Mutual of America	Invesco V.I. Main Street Fund®	323,592
*	Mutual of America	Victory RS Small Cap Growth Equity VIP Series	2,580
*	Mutual of America	DWS Capital Growth VIP	957,594
		<u>Guaranteed Interest Account:</u>	
*	Mutual of America	Mutual of America Interest Accumulation Account	1,114,130
*	Participant loans	Interest rates ranging from 4.25% to 6.50% with maturities through February 2029	155,534
			<u>\$ 60,380,409</u>

* Party-in-interest, as defined by ERISA.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

2021 Form 5500 - Schedule H, Part IV, Line 4a

Schedule of Delinquent Participant Contributions

Year Ended December 31, 2021

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan *	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program ("VFCP") and Prohibited Transaction Exemption 2002- 51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here If Late Participant Loan Repayments are Included ✓				
\$ 911*		\$ 911*		
\$ 2,343**	\$ 2,343*			

* Contributions originated during the year ended December 31, 2020. Late contributions were remitted to the Plan along with lost earnings in the amount of \$54 during the year ended December 31, 2021.

** Contributions originated during the year ended December 31, 2021. Amounts and lost earnings are in the process of being remitted to the Plan.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

2021 Form 5500 - Schedule H, Part IV, Line 4a

Schedule of Delinquent Participant Contributions

Year Ended December 31, 2021

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan *	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program ("VFCP") and Prohibited Transaction Exemption 2002- 51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here If Late Participant Loan Repayments are Included ✓				
\$ 911*		\$ 911*		
\$ 2,343**	\$ 2,343*			

* Contributions originated during the year ended December 31, 2020. Late contributions were remitted to the Plan along with lost earnings in the amount of \$54 during the year ended December 31, 2021.

** Contributions originated during the year ended December 31, 2021. Amounts and lost earnings are in the process of being remitted to the Plan.

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Fixed Annuity Contract:</u>	
*	TIAA	TIAA Traditional Annuity	\$ 15,853,611
		<u>Variable Annuity Contracts:</u>	
*	CREF	CREF Stock R1	11,058,091
*	CREF	CREF Money Market R1	684,936
*	CREF	CREF Social Choice R1	2,154,842
*	CREF	CREF Bond Market R1	1,017,514
*	CREF	CREF Global Equities R1	2,153,121
*	CREF	CREF Growth R1	3,326,680
*	CREF	CREF Equity Index R1	1,796,839
*	CREF	CREF Inflation-Linked Bond R1	564,155
*	TIAA	TIAA Access Core Bond Plus T3	25,589
*	TIAA	TIAA Access Core Bond T3	37,144
*	TIAA	TIAA Access Equity Index T3	45,400
*	TIAA	TIAA Access Growth & Income T3	50,074
*	TIAA	TIAA Access High-Yield T3	102,068
*	TIAA	TIAA Access Infl-Lnkd Bond T3	8,864
*	TIAA	TIAA Access Intl Equity Idx T3	255,192
*	TIAA	TIAA Access Intl Equity T3	52,046
*	TIAA	TIAA Access Lfcyle Rtmt Inc T3	1,532
*	TIAA	TIAA Access Lg-Cap Gr Idx T3	106,691
*	TIAA	TIAA Access Lg-Cap Gr T3	65,247
*	TIAA	TIAA Access Lg-Cap Val Idx T3	232,116
*	TIAA	TIAA Access Lg-Cap Val T3	115,695
*	TIAA	TIAA Access Lifecycle 2010 T3	5,091
*	TIAA	TIAA Access Lifecycle 2015 T3	112
*	TIAA	TIAA Access Lifecycle 2020 T3	193,399
*	TIAA	TIAA Access Lifecycle 2025 T3	40,315
*	TIAA	TIAA Access Lifecycle 2030 T3	170,901
*	TIAA	TIAA Access Lifecycle 2035 T3	197,073
*	TIAA	TIAA Access Lifecycle 2040 T3	88,221
*	TIAA	TIAA Access Lifecycle 2045 T3	134,810
*	TIAA	TIAA Access Lifecycle 2050 T3	185,701
*	TIAA	TIAA Access Mid-Cap Gr T3	223,331
*	TIAA	TIAA Access Mid-Cap Val T3	85,226
*	TIAA	TIAA Access Money Market T3	75,299

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Variable Annuity Contracts: (continued)</u>	
*	TIAA	TIAA Access Real Est Secs T3	211,943
*	TIAA	TIAA Access S&P 500 Index T3	21,438
*	TIAA	TIAA Access Short-Term Bond	93,691
*	TIAA	TIAA Access Sm-Cap BI Idx T3	80,409
*	TIAA	TIAA Access Quant Sml Cp Eq	75,284
*	TIAA	TIAA Access Social Ch Eq T3	105,245
*	TIAA	TIAA Access-AF Euro Pac Gr T3	109,195
*	TIAA	TIAA Access-AF Wash Mut Inv	122,974
*	TIAA	TIAA Access TRP Lg Cp Gr I T3	146,918
*	TIAA	TIAA Access-WAM Core PI Bd T3	52,151
*	TIAA	TIAA Access Lifecycle 2055 T3	4,494
*	TIAA	TIAA Access Bond Index T3	12,791
*	TIAA	TIAA Access Emrg Mkts Eq T3	10,213
*	TIAA	TIAA Access Emg Mk Eq Idx T3	18,519
*	TIAA	TIAA Access-DFA Emg Mkt Prt T3	133,886
*	TIAA	TIAA Access-D&C Intl Stock T3	27,521
*	TIAA	TIAA Access-VAN Em Mk St Ix T3	33,443
*	TIAA	TIAA Access-VAN Explorer T3	167,364
*	TIAA	TIAA Access-Int-Trm Trs T3	2,104
*	TIAA	TIAA Access-VAN Selectd Val T3	9,097
*	TIAA	TIAA Access-VAN SmCapVal Ix T3	254,195
*	TIAA	TIAA Access-VAN Wellington T3	336,814
		<u>Mutual Funds:</u>	
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2015-Inst	236,145
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2020-Inst	242,435
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2025-Inst	513,660
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2030-Inst	558,794
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2035-Inst	361,218
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2040-Inst	201,453
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2045-Inst	342,126
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2050-Inst	740,320
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2055-Inst	134,157
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2060-Inst	143,626
*	TIAA, FSB	TIAA-CREF Lfcyle Idx 2065-Inst	2,665
*	TIAA, FSB	TIAA-CREF Lfcyle Idx RtlN-Inst	6

COLLEGE OF MOUNT SAINT VINCENT DEFINED CONTRIBUTION PLAN

Employer Identification No. 13-1740445, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2021

(a)	(b)	(c)	(e)
	Identity of Issue	Description of Investment	Current Value
		<u>Mutual Funds: (continued)</u>	
*	TIAA, FSB	TIAA-CREF Money Market-Inst	57,335
	American Funds	American EuroPac Growth R6	18,757
	Vanguard	Vanguard Ttl Bd Mkt Idx Adm	183,102
	Harbor Capital	Harbor Capital Appreciation Rt	6,221
	Allspring	Allspring Spec SmallCap Value R6	3,126
	MFS	MFS Value Fund R6	9,818
	MFS	MFS Mid Cap Value Class R6	12,995
	MFS	MFS Mid Cap Growth Class R6	3,792
	Principal	Small Cap Growth I R6	75
	Metropolitan West	Metropolitan W Tot Ret Bd Pln	41,786
	Vanguard	Vanguard Extended Mkt Idx Adm	69,383
	Vanguard	Vanguard 500 Idx Adm	409,115
	Vanguard	Vanguard Ttl Intl Stk Idx Adm	45,627
		<u>Pooled Separate Accounts:</u>	
*	TIAA	TIAA Real Estate Fund	1,901,223
*	Mutual of America	Mutual of America All America Fund	12,533
*	Mutual of America	Mutual of America Bond Fund	20,256
*	Mutual of America	Mutual of America Mid-Term Bond Fund	13,300
*	Mutual of America	Mutual of America Small Cap Equity Index	38,198
*	Mutual of America	Mutual of America Mid-Cap Equity Index	229,304
*	Mutual of America	Mutual of America Equity Index Fund	700,455
*	Mutual of America	Mutual of America Conservative Allocation	31,750
*	Mutual of America	Mutual of America Moderate Allocation	285,368
*	Mutual of America	Mutual of America Aggressive Allocation	174,912
*	Mutual of America	Mutual of America Small Cap Growth Fund	150,947
*	Mutual of America	Mutual of America Small Cap Value Fund	98,640
*	Mutual of America	Mutual of America 2015 Retirement Fund	36,954
*	Mutual of America	Mutual of America 2020 Retirement Fund	259,176
*	Mutual of America	Mutual of America 2025 Retirement Fund	87,428
*	Mutual of America	Mutual of America 2030 Retirement Fund	176,936
*	Mutual of America	Mutual of America 2035 Retirement Fund	518,448
*	Mutual of America	Mutual of America 2040 Retirement Fund	10,199
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