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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOFSTRA UNIVERSITY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1945

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)
HOFSTRA UNIVERSITY

128 HOFSTRA UNIV, PHILLIPS HALL 100
HEMPSTEAD, NY 11549-2050

2b Employer Identification Number (EIN) 11-1630906

2c Plan Sponsor's telephone number 516-463-6859

2d Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	DENISE M. RADICONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	DENISE S. CUNNINGHAM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	3902
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)**	2279
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2305
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1673
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3978
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	130
f	Total. Add lines **6d** and **6e**.	**6f**	4108
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3923
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 2M 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HOFSTRA UNIVERSITY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFSTRA UNIVERSITY

D Employer Identification Number (EIN)
11-1630906

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	101952	2365	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(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	344552369
5	Current value of plan's interest under this contract in separate accounts at year end	5	226337399

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	338878698
c	Additions: (1) Contributions deposited during the year	7c(1)	8184311		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	13303243		
	(4) Transferred from separate account	7c(4)	30334958		
	(5) Other (specify below)	7c(5)	452175		
	▶ REVENUE CREDIT ACCOUNT				
	(6) Total additions			7c(6)	52274687
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	391153385
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18294362		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	27830434		
	(4) Other (specify below)	7e(4)	476220		
	▶ ADMINISTRATIVE EXPENSES - OTHER				
	(5) Total deductions			7e(5)	46601016
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	344552369

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HOFSTRA UNIVERSITY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFSTRA UNIVERSITY

D Employer Identification Number (EIN)
11-1630906

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	59079	26	01/01/2022	12/31/2022

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
650	0

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

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

DONOFRIO, ALBERT F
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
586			3

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

FOLIT, ANGELA
2929 ALLEN PARKWAY
HOUSTON, TX 77019

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

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

HARLACH, RAELYNN A
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
31			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	309885
5	Current value of plan's interest under this contract in separate accounts at year end	5	1938429

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	328456
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	9244		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	9		
	▶ CHARGE/ADJ				
	(6) Total additions			7c(6)	9253
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	337709
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	27824		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	27824
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	309885

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
HOFSTRA UNIVERSITY PENSION PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
HOFSTRA UNIVERSITY	11-1630906

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TIAA

13-1624203

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

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

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

(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)

ROCATON INVESTMENT ADVISORS, LLC

04-3638035

(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	PLAN INVESTMENT ADVISOR	78621	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITORS	66250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPFINANCIAL PARTNERS, LLC

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?
17	PLAN CONSULTANT	59305	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PROSKAUER ROSE LLP

13-1840454

(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?
29	LEGAL COUNSEL	12682	Yes [ ] No [X]	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?
		0	Yes [ ] No [X]	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?
		0	Yes [ ] No [X]	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: KPMG LLP	**b** EIN:	13-5565207
c	Position: AUDITORS		
d	Address:	**e** Telephone:	

Explanation: KPMG NOTIFIED THE UNIVERSITY THAT THEY WOULD NO LONGER BE PROVIDING 403(B) AUDITING SERVICES AFTER THE COMPLETION OF THE CY2021 AUDIT.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HOFSTRA UNIVERSITY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HOFSTRA UNIVERSITY

D Employer Identification Number (EIN)
11-1630906

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	14548060

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HOFSTRA UNIVERSITY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFSTRA UNIVERSITY

D Employer Identification Number (EIN)
11-1630906

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)	1432233	1464494
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
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)	55417	1110594
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	297954842	228275829
(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)	552756051	467191775
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	338878698	344862254
(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	1191077241	1042904946
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1191077241	1042904946

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	16607144	
	(B) Participants	2a(1)(B)	16181404	
	(C) Others (including rollovers)	2a(1)(C)	10371734	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		43160282
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)	28867	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		28867
	(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)	18783936	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		18783936
	(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)		-53191597
(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)		-113438371
c Other income	2c		10398610
d Total income. Add all **income** amounts in column (b) and enter total	2d		-94258273
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53697173	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		53697173
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	216849	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		216849
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		53914022
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-148172295
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: BDO USA, P.A. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HOFSTRA UNIVERSITY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOFSTRA UNIVERSITY

D Employer Identification Number (EIN)
11-1630906

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 74-1625348

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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_____

HOFSTRA UNIVERSITY PENSION PLAN

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Tel: 631-501-9600
Fax: 631-501-1885
www.bdo.com

401 Broadhollow Road, Suite 201
Melville, NY 11747

Independent Auditor's Report

Hofstra University Pension Plan
128 Hofstra University, Phillips Hall
Hempstead, New York 11549

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

We were engaged to perform an audit of the financial statements of Hofstra University Pension 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, 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 Plan's 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2022, and for the year ended December 31, 2022, stating that the certified investment information, as described in the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Prior to January 1, 2009, records were maintained at a contract, not a plan level; therefore, management has not maintained, and the custodians prior to January 1, 2009, did not provide, sufficient accounting records and supporting documentation relating to certain annuity contracts and custodial accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements have been affected by these conditions.

BDO USA, P.A., a Delaware professional service corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America (GAAS) and to issue an auditor's report. However, because of the matter described in the *Basis for Disclaimer of Opinion* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements 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.

Other Matter — Supplemental Schedule Required by ERISA

The supplemental Schedule H (Form 5500) – Line 4i – Schedule of Assets as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Other Matter — Report on the 2021 Financial Statements

The financial statements of the Plan as of December 31, 2021 (2021 Financial Statements) were audited by predecessor auditors and 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 ended December 31, 2021. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator

instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the qualified institutions. Their audit report, dated September 9, 2022, noted that the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009 and stated that as a result, the Plan's books and records may exclude certain accounts entered into prior to January 1, 2009. Accordingly, they were unable to apply auditing procedures sufficient to determine the extent to which the 2021 Financial Statements may have been affected by these conditions.

Very truly yours,

BDO USA, P.A.

August 18, 2023

HOFSTRA UNIVERSITY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	Notes	2022	2021
ASSETS			
Investments at Fair Value:	(3) (4)		
Mutual Funds		$ 459,727,210	$ 543,620,312
Pooled Separate Variable Annuity Accounts		228,275,829	297,954,842
Traditional Annuity Accounts -			
Non Benefit Responsive		241,159,821	238,085,754
TIAA-CREF Self-Directed Funds		7,464,565	9,135,739
		936,627,425	1,088,796,647
Investments at Contract Value:	(2) (3) (4)		
TIAA Traditional Annuity Accounts -			
Benefit Responsive		103,702,433	100,792,944
Total Investments		1,040,329,858	1,189,589,591
Receivables:			
Notes Receivable from Participants	(2)	1,110,594	55,417
Employer and Participant Contributions Receivable		1,464,494	1,432,233
Total Receivables		2,575,088	1,487,650
Total Assets		1,042,904,946	1,191,077,241
NET ASSETS AVAILABLE FOR BENEFITS		$ 1,042,904,946	$ 1,191,077,241

See accompanying notes to financial statements

HOFSTRA UNIVERSITY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	Notes	2022	2021
ADDITIONS TO NET ASSETS:			
Investment (Loss)/Income:	(3) (4)		
Net (Depreciation)/Appreciation in Fair Value of Investments		$ (166,629,968)	$ 95,034,490
Interest and Dividends		18,783,936	23,186,522
Earned Income from Traditional Annuity Accounts		10,398,610	10,048,684
Total Investment (Loss)/Income		(137,447,422)	128,269,696
Interest Income on Notes Receivable from Participants		28,867	-
Contributions:			
Employer		16,607,144	16,392,771
Participant		16,181,404	15,529,279
Rollovers		10,371,734	8,086,247
Total Contributions		43,160,282	40,008,297
TOTAL (REDUCTION)/ADDITIONS		(94,258,273)	168,277,993
DEDUCTIONS FROM NET ASSETS:			
Benefits Paid to Participants		53,697,173	43,686,410
Administrative Fees and Expenses		216,849	311,679
TOTAL DEDUCTIONS		53,914,022	43,998,089
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS		(148,172,295)	124,279,904
NET ASSETS AVAILABLE FOR BENEFITS:			
Beginning of Year		1,191,077,241	1,066,797,337
End of Year		$ 1,042,904,946	$ 1,191,077,241

See accompanying notes to financial statements

(1) Plan Description

The following description of the Hofstra University Pension Plan restated as of January 1, 2012 (the Plan) is provided for general information purposes only. Plan provisions may be found in the Hofstra University Pension Plan Document, restated as of January 1, 2012.

General

The Plan is a defined contribution plan established by Hofstra University (Plan Sponsor or Employer) in accordance with the provisions of Section 403(b) of the Internal Revenue Code (IRC), which includes a qualified cash or deferred arrangement, for the benefit of eligible employees of the Plan Sponsor. The effective date of the Plan was November 1, 1945, and the Plan was restated as of January 1, 2012. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Prior to January 1, 2009, the treatment of 403(b) plans generally was as a collection of individual contracts with respect to which employees could direct their accounts without the consent or involvement of the employer or Plan Sponsor. The accounting records for each individual participant were maintained by the custodians and other service providers, not the Plan Sponsor. As a result, prior to January 1, 2009, accounting records and supporting documents were not required to be externally reported, nor were they maintained at the Plan level by the custodians, service providers, or Plan Sponsor. As required by current federal regulation, commencing in 2009, an expanded Form 5500 requires the reporting of assets of the combined individual contracts at the Plan level.

Plan Administration

The Plan is administered by a Committee, which consists of certain officers and employees of the Plan Sponsor and which has retained independent advisors. In 2013, the Committee selected Teacher Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA-CREF), now known as Teacher Insurance and Annuity Association of America (TIAA), an insurance company, as the sole recordkeeper and custodian for the Plan. Effective December 3, 2013, the existing assets held by Vanguard Fiduciary Trust Company (Vanguard), Fidelity Management Trust Company (Fidelity), and T. Rowe Price were transferred to TIAA-CREF. The Variable Annuity Life Insurance Company (VALIC) investment carrier continues to maintain participants' balances that existed prior to December 3, 2013 due to the nature of the annuity contracts. Beginning December 3, 2013, participants who wish to participate in future annuity contracts may invest through TIAA.

Eligibility

Employees are eligible to participate in the voluntary component of the Plan upon date of hire. Employees are required to make tax-deferred mandatory contributions as a condition of continued employment once they reach age 26 and meet service requirements unless participation is irrevocably waived. Employees are admitted to the Plan beginning the first day of the month following attainment of eligibility requirements.

Employees, other than faculty members, must complete 1 year of service and work more than 1,000 hours per year to be eligible to receive a matching contribution from the Plan Sponsor. Regular full-time faculty members are eligible to receive a matching contribution immediately. Employees covered by a collective bargaining agreement that does not provide for participation in the Plan and leased or temporary employees are not qualified, and therefore not eligible. Employees are credited with a year of service for each 12-month period during which they complete 1,000 or more hours of service.

(1) Plan Description (*continued*)

Contributions

Participants may make tax-deferred elective contributions to the Plan as soon as administratively feasible after their hire date, subject to the limitations of the IRC. Participants age 50 or older or who attain age 50 during the Plan year may make a "catch-up" contribution as defined by the IRC. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Plan Sponsor shall make matching contributions to the Plan for those employees who have made mandatory employee contributions and have reached age 26 in accordance with the Plan or as enumerated in the collective bargaining agreement for union employees. The matching contribution is based on date of hire and years of participation in the Plan and range from 5.0% to 17.5% (15.5% of compensation up to the Social Security taxable wage base plus 17.5% of compensation above the Social Security taxable wage base). The Plan requires the following mandatory employee contribution to receive employer matching contributions -- 2.5% of compensation up to the Social Security taxable wage base plus 6.2% on amounts earned exceeding the Social Security taxable wage base.

Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Vesting

Participants are fully and immediately vested in the benefits arising from contributions under this Plan.

Participant Accounts

Individual accounts are valued daily and maintained for each of the Plan's participants to reflect the participant's contributions, the related Plan Sponsor matching contributions, and the participant's share of the Plan's income or loss.

Employees can select investment options offered by TIAA which includes mutual funds, pooled separate variable annuity accounts and tax deferred annuity based products. Effective March 18, 2020, the Plan adopted a Qualified Default Investment Alternative (QDIA) for when plan participants have not affirmatively selected investment option(s). The QDIA selected was the Vanguard Institutional Target Retirement Funds.

Benefits

Participants may receive all or a portion of their vested account balance resulting from participant elective contributions upon termination of employment, disability, age 59½, hardship, or at any time with respect to pre-1989 elective deferrals invested in an annuity contract. Participants may receive all or a portion of their vested account balances resulting from Plan Sponsor matching contributions and participant mandatory contributions only upon termination of employment or age 59½. The benefit to which participants are entitled is the vested portion of their accounts. Participants may elect to rollover their vested balance to another qualified retirement plan or individual retirement account.

Benefits will be made in accordance with the terms of the funding vehicle from which the account balance is being distributed in accordance with elections made in the Plan and subject to the Joint and Survivor Annuity and Preretirement Survivor Annuity and the applicable sections of ERISA. The normal form of benefit of an annuity contract is a Qualified Joint and Survivor Annuity for married participants and a single life annuity for single participants, both with a ten-year guaranteed period. Plan assets funded by mutual funds will be distributed as cash distributions.

(1) Plan Description (*continued*)

Benefits (continued)
Participants not holding an annuity contract who terminate employment prior to retirement may elect to have their balance distributed in a lump sum or transferred to an individual retirement account (IRA) or another employer's qualified plan. Death benefits are paid according to the benefits election in effect at the time of death.

Hardship Withdrawals
Under certain conditions as permitted by ERISA and the IRC, participants, while still employed by the Plan Sponsor, are permitted to withdraw, in a single sum, the employee voluntary contribution portion of their account balance. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition, the payment of burial or funeral costs of immediate family members, the payment of natural disaster clean-up on the participant's principal residence, to prevent eviction or foreclosure from the participant's principal residence or expenses and losses incurred due to a federally declared disaster.

Notes Receivable from Participants
Effective December 3, 2021, new permitted loans are issued directly from the participant's accounts at TIAA and VALIC from amounts accumulated under elective deferrals. The outstanding loan balance is recorded in Notes Receivable at December 31, 2022 and 2021.

Availability and terms are subject to the rules of the funding vehicle. Loans cannot exceed an amount equal to the lesser of 50% of the vested accumulation, or $50,000 reduced by the highest outstanding balance of loans within the last 12 months. All loans are subject to the terms of the loan agreement, funding vehicles, and the IRC. A participant may not have more than 3 loans outstanding at any time. Loans are secured by the participant's account and bear an interest rate at local prevailing rates as determined by the Plan Administrator, which would be made under similar circumstances and is fixed for the term of the loan. The loans are repaid by the participant over a period of five years or less, unless used to purchase a principal residence.

Plan Contract Loans
Prior to December 2, 2021, loans were issued directly from funds owned by TIAA or VALIC and not directly from a participant's account. For plan loans, interest and principal is paid by the participant directly to VALIC. Plan loans are not considered assets of the Plan and therefore are not reported in the statements of net assets available for benefits. Adequate security is required and a portion of the participant's account is reserved, or held as collateral, to cover the outstanding loan in case of default.

The interest rate is determined by TIAA or VALIC. The interest rates on outstanding Plan loans ranged from 4.0% to 6.26% at December 31, 2022 and 2021 and mature through December 1, 2030 at December 31, 2022 and 2021. Plan loans amounted to approximately $1.6 million at December 31, 2022 and $2.3 million at December 31, 2021. As such, approximately $1.8 million and $2.5 million for the years ended December 31, 2022 and 2021, respectively, of annuity account values (110% of outstanding loans from TIAA and CREF) serve as collateral for the related loans.

(1) Plan Description *(continued)*

Administrative Expenses
Administrative fees related to investment management are paid directly by the respective investment vehicle and are included as a reduction to net (depreciation)/appreciation in fair value of investments. Net (depreciation)/appreciation in fair value of investments includes $766,565 in 2022 and $733,122 in 2021, which represents a portion of the investment management fees previously charged by TIAA through a reduction in investment appreciation which were returned to the Plan during each year. These amounts have been, or will be used to pay allowable plan expenses. Other administrative expenses of the Plan are generally paid by the Plan Sponsor. Redemption fees are paid by Plan participants.

(2) Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements are prepared using the accrual basis of accounting.

As of January 1, 2009, the Plan's insurance company and custodians began to provide the Plan Sponsor with annual certified statements summarizing the Plan's activities and holdings at the Plan level. The financial statements include all financial information as provided in the insurance company and custodians' statements.

Use of Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments as elected by individual Plan participants are recorded at fair value, except for the TIAA Traditional Annuity Group Supplemental Retirement Accounts (GSRA) which is 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. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net (depreciation)/appreciation in fair value of investments represents the change in fair value of assets bought and sold, as well as held during the year.

The TIAA and VALIC accounts invest principally in equity securities, fixed-income instruments, and short-term instruments in accordance with each fund's investment objectives. Fund holdings are generally valued daily using market quotations or prices obtained from independent pricing services, except those held in money market funds, whose holdings are valued at amortized cost. The money market funds are managed to maintain a constant value, though not guaranteed, of $1 per share.

Pooled separate variable annuity accounts are valued at the Net Asset Value (NAV) of shares held by the Plan at year end as determined by the issuer. The NAV is principally derived from the market value of the underlying holdings.

(2) Summary of Significant Accounting Policies (*continued*)

Investment Valuation and Income Recognition (continued)
The TIAA Real Estate Account (REA) is a pooled separate account/insurance company separate account of TIAA investing mainly in real estate and real estate-related investments. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. Securities held in REAs are generally priced using values obtained from independent pricing sources. The NAV is calculated daily and redemptions may occur once per quarter.

The TIAA Traditional Annuity Accounts represent insurance contracts issued by TIAA that guarantees principal and a contractually specified interest rate to account participants. The account offers the potential for greater growth through additional amounts, which may be declared on a year-by-year basis by the TIAA Board of Trustees. These additional amounts, when declared, remain in effect for the "declaration year" which begins each March 1. During 2022 additional amounts were credited to the Retirement Account (RA) contracts and Group Supplemental Retirement Account (GSRA) contracts which increased the total rate to a consistent rate of 5.04% for both the RA contracts and the GSRA contracts. During 2021 additional amounts were credited to the Retirement Account (RA) contracts and Group Supplemental Retirement Account (GSRA) contracts which increased the total rate to a consistent rate of 3.00% for both RA contracts and GSRA contracts. RA contracts are subject to liquidity restrictions and do not allow lump-sum cash withdrawals from the TIAA Traditional Annuity. Transfers must be spread out in ten annual installments. GSRA contracts allow for transfers and withdrawals. The TIAA Traditional Annuity Accounts are guaranteed insurance contracts and not an investment for Federal Securities Law purposes.

The TIAA Traditional Annuity Account holdings within the GSRA contracts are benefit responsive (not subject to significant restrictions) and therefore are reported at contract value. The contract value of the GSRA equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. In determining contract value, the insurance companies consider such factors as the benefit responsiveness of the contracts, the ability of the parties to the contracts to perform in accordance with the terms of the contracts and likelihood of default by the issuer of an investment security. Fully benefit responsiveness investments are reported at contract value in the statements of net assets available for benefits. The TIAA Traditional Annuity Account holdings within the RA contracts are subject to liquidity restrictions and are not benefit responsive, however, they are reported at fair value in the statements of net assets available for benefits. The TIAA Traditional Annuity Accounts are not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable.

The VALIC Traditional Annuity Accounts represent a deferred annuity contract issued by VALIC that guarantees principal and minimum variable rate of interest during the purchase period. The VALIC Traditional Annuity Accounts are not benefit responsive. Participants elect to enter the payout period by annuitizing the account, initiating either fixed or variable payouts. VALIC Traditional Annuity contracts are subject to liquidity and transfer restrictions and do not allow for lump-sum cash withdrawals without penalty.

Payment of Benefits
Benefits paid to participants are recorded when paid.

(2) Summary of Significant Accounting Policies (*continued*)

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus accrued unpaid interest. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

(3) Information Certified by the Plan's Insurance Company and Custodians

The Plan Sponsor has elected the method of annual reporting compliance permitted by 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.

Accordingly, TIAA and CREF, including assets held by TIAA, FSB, and VALIC, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Total investments and notes receivable from participants as shown in the statement of net assets available for benefits as of December 31, 2022 and 2021.
- Net (depreciation) appreciation in fair value of investments, interest and dividend income, earned income from TIAA Traditional Annuity Accounts, and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2022 and 2021.
- Investments reflected on the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022, as shown on the ERISA-required supplemental schedule.

At the request of the Plan Sponsor, and as permitted under such election, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedule, including assessing whether the supplemental schedule are in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

(4) Fair Value of Financial Instruments

U.S. GAAP establishes a framework for the measurement of fair value, and enhances disclosures about fair value measurements. This statement does not require any new fair value measures. Fair value is defined as 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. It prioritizes the inputs to the valuation techniques used to measure fair value by giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

(4) Fair Value of Financial Instruments (*continued*)

Accounting Standards Codification (ASC) 820, Fair Value Measurement, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 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:

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

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

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

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

There have been no changes in the methodologies used at December 31, 2022 or 2021. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the quoted market prices held at year end.

Pooled Separate Variable Annuity Accounts: Valued at the net asset value (NAV) of shares held by the Plan at year end as determined and quoted daily by the issuer.

Traditional Annuity Accounts: The Traditional Annuity contracts are valued at contract value which approximates fair value. The fair value is derived from a discounted cash flow analysis and other factors. The Traditional Annuity Accounts are not available for sale or transfer on any securities exchange. Participants may only transfer from the TIAA Traditional Annuity Accounts between investment options in substantially equal amounts over a 10-year period. Accordingly, transactions in similar investment instruments are not observable. Significant inputs to determine fair value include the crediting rate and future cash flows. The crediting rate which is supported by the investment performance of a large, diversified portfolio, is correlated with the highest quality debt security yields, and is adjusted for contract liquidity. TIAA issues various types of contracts as funding vehicles for retirement plans. Certain contract types contain liquidity restrictions on the redemption of TIAA Traditional Annuity Accounts.

(4) Fair Value of Financial Instruments (*continued*)

Traditional Annuity Accounts (continued): Transfers out of the VALIC Fixed Account Plus may be done at any time up to 20% per participant year for all account values greater than $500. All account values less than or equal to $500 may transfer the full account value. After a transfer from the Short-Term Fixed Account, a participant may not make another transfer from the Short-Term Fixed Account for 90 days.

Self-Directed Funds: Mutual funds valued at the quoted market prices held at year end.

The preceding methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Sponsor 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 table presents information about significant unobservable inputs related to the Plan's investments in assets categorized as Level 3 in the fair value hierarchy at December 31, 2022 and 2021:

	Fair Value	Valuation Technique	Significant Unobservable Inputs	Risk-Adjusted Discount Rate Range (%)
2022				
Traditional Annuity Accounts (RA and VALIC)	$ 241,159,821	Discounted Cash Flow; Theoretical Transfer (Exit Value)	Risk-Adjusted Discount Rate Applied	RA – 3.7%-6.25% VALIC – 3.0%
2021				
Traditional Annuity Accounts (RA)	$ 238,085,754	Discounted Cash Flow; Theoretical Transfer (Exit Value)	Risk-Adjusted Discount Rate Applied	RA – 3.0%

Unobservable inputs include discount rate applied. Increase/(decrease) in the discount rate applied in isolation can result in a lower/(higher) fair value. During 2022, total purchases and sales of the Traditional Annuity Accounts were $23,036,253 and $30,121,240, respectively. During 2021, total purchases and sales of the Traditional Annuity Accounts were $18,300,541 and $24,676,455, respectively.

The Plan Sponsor performs ongoing due diligence reviews and has retained a consultant to provide periodic reports.

(4) Fair Value of Financial Instruments (*continued*)

The Plan's assets at December 31, 2022 that are reported at fair value are summarized in the following table by their fair value hierarchy:

	Level 1	Level 2	Level 3	2022 Total
TIAA Traditional Annuity Accounts (RA)	$ -	$ -	$ 240,849,936	$ 240,849,936
VALIC Traditional Annuity Accounts	-		309,885	309,885
TIAA Pooled Separate Variable Annuity Accounts	211,789,339	-	-	211,789,339
TIAA Real Estate	-	14,548,060	-	14,548,060
VALIC Pooled Separate Variable Annuity Accounts	1,938,430	-	-	1,938,430
Mutual Funds	459,727,210	-	-	459,727,210
TIAA-CREF Self-Directed Funds	7,464,565	-	-	7,464,565
Total Investments at Fair Value	$ 680,919,544	$ 14,548,060	$ 241,159,821	$ 936,627,425

The Plan's assets at December 31, 2021 that are reported at fair value are summarized in the following table by their fair value hierarchy:

	Level 1	Level 2	Level 3	2021 Total
TIAA Traditional Annuity Accounts (RA)	$ -	$ -	$ 238,085,754	$ 238,085,754
Pooled Separate Variable Annuity Accounts	297,954,842	-	-	297,954,842
Mutual Funds	543,620,312	-	-	543,620,312
TIAA-CREF Self-Directed Funds	9,135,739	-	-	9,135,739
Total Investments at Fair Value	$ 850,710,893	$ -	$ 238,085,754	$ 1,088,796,647

(5) Plan Termination

Although the Plan Sponsor has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. These rights may be subject to the provisions of collective bargaining agreements.

(6) Related-Party Transactions

Certain Plan investments are managed by TIAA and VALIC and, therefore, qualify as party-in-interest transactions.

The Plan issues loans to participants which are secured by the vested balance of the participants' accounts. As described in Note 1, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules.

(7) Risk and Uncertainties

The Plan assets are invested in a variety of investments selected by the participants. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

The Plan invests directly or indirectly in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate values, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The TIAA and VALIC Traditional Annuity Accounts represent approximately 33.1% and 28.5% of the Plan’s net assets as of December 31, 2022 and 2021, respectively, and represent an obligation from TIAA to repay as amounts come due. There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The Plan Sponsor does not believe that any events would limit the Plan’s ability to transact at the contract value.

(8) Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and continues to be tax-exempt.

The Internal Revenue Service (IRS) will provide determination letters to 403(b) plans beginning in June 2023 in accordance with IRS Revenue Procedures 2022-40.

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

(9) Subsequent Events

The Plan evaluated events subsequent to December 31, 2022 and through August 18, 2023, the date on which the financial statements were available for issuance.

HOFSTRA UNIVERSITY PENSION PLAN PLAN NUMBER: 001
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
TIAA Traditional Annuity Accounts:				
*	TIAA-CREF	TIAA Traditional Non Benefit Responsive	**	$ 240,849,936
*	TIAA-CREF	TIAA Traditional Benefit Responsive	**	102,970,237
*	TIAA-CREF	TIAA Traditional Benefit Responsive 2	**	732,196
	Subtotal			344,552,369
VALIC Traditional Annuity Accounts:				
*	VALIC	VALIC Non Benefit Responsive - Fixed Account Plus	**	309,048
*	VALIC	VALIC Non Benefit Responsive - Short Term Fixed Account	**	837
	Subtotal			309,885
	Subtotal Traditional Annuity Accounts			**344,862,254**
TIAA Pooled Separate Variable Annuity Accounts:				
*	TIAA-CREF	CREF Stock R2	**	131,639,534
*	TIAA-CREF	CREF Growth R2	**	25,190,524
*	TIAA-CREF	CREF Global Equities R2	**	15,574,086
*	TIAA-CREF	CREF Equity Index R2	**	13,034,198
*	TIAA-CREF	CREF Social Choice R2	**	7,371,521
*	TIAA-CREF	CREF Bond Market R2	**	7,429,617
*	TIAA-CREF	CREF Inflation-Linked Bond R2	**	3,522,717
*	TIAA-CREF	CREF Money Market R2	**	8,027,142
*	TIAA-CREF	TIAA Real Estate	**	14,548,060
	Subtotal			226,337,399
VALIC Pooled Separate Variable Annuity Accounts:				
*	VALIC	Ariel Appreciation Fund	**	92,945
*	VALIC	Ariel Fund	**	84,021
*	VALIC	Asset Allocation Fund	**	9,375
*	VALIC	Systematic Core Fund	**	55,902
*	VALIC	Growth Fund	**	123,256
*	VALIC	Large Capital Growth	**	52,431
*	VALIC	Systematic Value	**	178,848
*	VALIC	Mid Cap Index Fund	**	99,515
*	VALIC	Mid Cap Strategic Gwth	**	127,716
*	VALIC	Mid Cap Value Fund	**	20,133
*	VALIC	Small Cap Index Fund	**	51,355
*	VALIC	Small Cap Value Fund	**	19,753
*	VALIC	Stock Index Fund	**	80,506
*	VALIC	Emerging Economies	**	14,600
*	VALIC	International Value	**	6,480
*	VALIC	Global Strategy	**	101,792
*	VALIC	International Equities Index	**	8,100
*	VALIC	Science & Technology Fund	**	82,184
*	VALIC	Intl Socially Responsible Fund	**	30,610
*	VALIC	Socially Responsible Fund	**	29,194
*	VALIC	Moderate Growth Lifestyle	**	257,464
*	VALIC	Aggressive Growth Lifestyle	**	201,240
*	VALIC	Vanguard Wellington Fund Inc	**	77,743
*	VALIC	Core Bond Fund	**	28,559
*	VALIC	High Yield Bond Fund	**	8,327
*	VALIC	International Government Bond	**	6,655
*	VALIC	GS VIT GOV Money Mkt Fd Inst	**	89,726
	Subtotal			1,938,430
	Subtotal Pooled Separate Variable Annuity Accounts			**228,275,829**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Mutual Funds - Domestic Equity:				
*	TIAA-CREF	Vanguard Inst Idx	**	70,540,799
*	TIAA-CREF	Vanguard Extended Market Index Inst	**	33,034,782
*	TIAA-CREF	MFS Value Fund Class R6	**	25,548,776
*	TIAA-CREF	T Rowe Price Inst LgCp Cor Grw	**	21,979,379
*	TIAA-CREF	Champlain Small Company Instl	**	13,751,206
	Subtotal			164,854,942
Mutual Funds - International Equity:				
*	TIAA-CREF	Vangrd Developed Markets Index	**	16,370,452
*	TIAA-CREF	MFS Instl International Equity	**	22,390,126
*	TIAA-CREF	BNY Mellon Global Stock Fund Y	**	11,366,957
*	TIAA-CREF	BlackRockAdvEmrgng MrktsKShr	**	6,803,046
	Subtotal			56,930,581
Mutual Funds - Socially Responsible Stock Funds:				
*	TIAA-CREF	TIAA-CREF Social Ch Eq-Inst	**	21,533,107
	Subtotal			21,533,107
Mutual Funds - Life Cycle Funds:				
*	TIAA-CREF	Vanguard Target Retire 2020	**	12,098,872
*	TIAA-CREF	Vanguard Target Retire 2025	**	23,607,618
*	TIAA-CREF	Vanguard Target Retire 2030	**	25,166,612
*	TIAA-CREF	Vanguard Target Retire 2035	**	19,476,883
*	TIAA-CREF	Vanguard Target Retire 2040	**	27,533,947
*	TIAA-CREF	Vanguard Target Retire 2045	**	10,571,668
*	TIAA-CREF	Vanguard Target Retire 2050	**	5,636,208
*	TIAA-CREF	Vanguard Target Retire 2055	**	2,918,171
*	TIAA-CREF	Vanguard Target Retire 2060	**	2,621,560
*	TIAA-CREF	Vanguard Target Retire 2065	**	459,288
*	TIAA-CREF	Vanguard Target Retire Income	**	8,911,516
	Subtotal			139,002,343
Mutual Funds - Bond Funds:				
*	TIAA-CREF	Dodge & Cox Income Fund	**	20,479,594
*	TIAA-CREF	Loomis Sayles Strategic Alpha Fund Class Y	**	1,960,671
*	TIAA-CREF	Vanguard Inflation-Protected Securities Inst	**	11,013,508
*	TIAA-CREF	Vanguard Short-Term Bond Index Inst	**	17,276,737
	Subtotal			50,730,510
Mutual Funds - Real Estate Funds:				
*	TIAA-CREF	Principal Real Estate Sec R6	**	10,795,108
	Subtotal			10,795,108
Mutual Funds - Money Market Funds:				
*	TIAA-CREF	Vanguard Federal Money Mkt Inv	**	15,880,619
	Subtotal			15,880,619
	Subtotal Mutual Funds			**459,727,210**

HOFSTRA UNIVERSITY PENSION PLAN PLAN NUMBER: 001
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Self-Directed Funds:				
*	TIAA-CREF	Self Directed Acct	**	7,464,565
	Subtotal			7,464,565
	Subtotal Self-Directed Funds			**7,464,565**
Notes Receivable from Participants				
*	TIAA-CREF	Participant Loan Fund (Interest rate ranging from 4.25% to 8.50%)	-	1,110,594
	Subtotal			1,110,594
	Subtotal Notes Receivable from Participants			1,110,594
	Total Assets Held			$ 1,041,440,452

* All accounts/funds qualify as parties-in-interest as defined by ERISA.
** The cost of participant-directed investments is not required to be disclosed.

See accompanying independent auditors' report

HOFSTRA UNIVERSITY
TIN: 11-1630906
Form 5500
Schedule H Line 4i

The Schedule of Assets is included in our Accountant's Report.