

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 08/01/2018
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) THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA 108 N. 8TH STREET RICHMOND, VA 23219
2b	Employer Identification Number (EIN) 82-4833402
2c	Plan Sponsor's telephone number 540-586-0606
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.	09/16/2024	DAVID MAUGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor PENTEGRA SERVICES, INC. 701 WESTCHESTER AVEUNE, SUITE 320E WHITE PLAINS, NY 10604		3b Administrator's EIN 13-3745616 3c Administrator's telephone number 844-367-2848																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year		5 10583																						
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">5192</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">5562</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">6006</td></tr> <tr><td>6d</td><td style="text-align: right;">11568</td></tr> <tr><td>6e</td><td style="text-align: right;">61</td></tr> <tr><td>6f</td><td style="text-align: right;">11629</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">10176</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">11163</td></tr> <tr><td>6h</td><td style="text-align: right;">2</td></tr> </table>			6a(1)	5192	6a(2)	5562	6b	0	6c	6006	6d	11568	6e	61	6f	11629	6g(1)	10176	6g(2)	11163	6h	2
6a(1)	5192																							
6a(2)	5562																							
6b	0																							
6c	6006																							
6d	11568																							
6e	61																							
6f	11629																							
6g(1)	10176																							
6g(2)	11163																							
6h	2																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2L 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																								
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																						
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																								
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☒ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>5</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																						

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	407460	9983	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	238828747
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	331259743

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

233192842

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

3520288

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

10955288

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

7c(4)

28035808

(5) Other (specify below)

7c(5)

257679

▶ OTHER

(6) Total additions.....

7c(6)

42769063

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

275961905

e Deductions:

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

7e(1)

19390900

(2) Administration charge made by carrier

7e(2)

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

7e(3)

17557927

(4) Other (specify below)

7e(4)

184332

▶ OTHER

(5) Total deductions.....

7e(5)

37133159

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

238828746

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	42776	23	01/01/2023	12/31/2023

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 157	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65			3

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

BRENTON FIELDS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			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	536377
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1365797

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	523336
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)	0	
	7c(3)	20916	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	20916
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d Total of balance and additions (add lines 7b and 7c(6))	7d	544252
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)	5082	
	7e(2)		
	7e(3)	2561	
	7e(4)	232	

▶ OTHER

(5) Total deductions	7e(5)	7875
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	536377
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan

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

B Three-digit plan number (PN)

333

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

THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION

D Employer Identification Number (EIN)

82-4833402

Part I

Information Concerning Insurance Contract Coverage, Fees, and Commissions

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INSTITUTION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF2494	7	01/01/2023	12/31/2023

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
490	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

MARTA A STEANE350 FONTANA ROAD
FRONT ROYAL, VA 22630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
490			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	99207
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	25643

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

200331

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

4612

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

7c(4)

(5) Other (specify below)

7c(5)

(6) Total additions.....

7c(6)

4612

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

204943

e Deductions:

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

7e(1)

2857

(2) Administration charge made by carrier

7e(2)

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

7e(3)

102879

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

105736

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

99207

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP00743	2	01/01/2023	12/31/2023

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 294	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS 1300 S. CLINTON ST, STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
294			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	32717
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

38964

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

1422

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

1422

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

40386

e Deductions:

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

7e(1)

810

(2) Administration charge made by carrier

7e(2)

16

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

7e(3)

(4) Other (specify below)

7e(4)

6842

▶ OTHER

(5) Total deductions.....

7e(5)

7668

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

32718

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	408453	697	06/01/2023	12/31/2023

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	267198394
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	359334964

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

0

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

72343

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

792726

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

7c(4)

30927690

(5) Other (specify below)

7c(5)

11

▶ OTHER

(6) Total additions

7c(6)

31792770

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

31792770

e Deductions:

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

7e(1)

2184319

(2) Administration charge made by carrier

7e(2)

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

7e(3)

1901612

(4) Other (specify below)

7e(4)

5492

▶ OTHER

(5) Total deductions

7e(5)

4091423

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

27701347

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA	730 THIRD AVE NEW YORK, NY 10017
13-1624203	

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

(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)

MILLENNIUM ADVISORY SERVICES, INC

5340 TWIN HICKORY RD
GLEN ALLEN, VA 23059

54-2020086

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	1445273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENTEGRA SERVICES, INC

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

13-3745616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR TPA	312189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

730 THIRD AVE
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	INVESTMENT PROVIDER	282242	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

SAGEVIEW ADVISORY GROUP

1920 MAIN ST, #800
IRVINE, CA 92614

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	172763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIGGS,COUNSELMAN,MICHAELS & DOWNES,

555 FAIRMOUNT AVE
BALTIMORE, MD 21286

52-0555835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	164981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TROUTMAN SANDERS, LLP

600 PEACHTREE STREET, ME
ATLANTA, GA 30308

58-0946915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ATTORNEY	85225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COUNCIL OF IND COLLEGES OF VA

188 E. MAIN ST.
BEDFORD, VA 24523

54-0887849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	61538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRM CONSULTING

1841 13TH STREET NW
WASHINGTON, DC 20009

52-2156813

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	CONSULTANT	42900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTON LARSON ALLEN, LLP

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

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	34445	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FIDELITY INVESTMENTS

245 SUMMER STREET
BOSTON, MA 02210

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	2008	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINCOLN NATIONAL CORPORATION

150 N RADNOR CHESTER RD
RADNOR, PA 19087

35-1140070

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

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

VOYA RETIREMENT INSURANCE

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RECORDKEEPER	5	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ 333	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402	

Part I	Information 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 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22301096
a Name of MTIA, CCT, PSA, or 103-12 IE: VALIC ANNUITY SEPARATE ACCOUNT		
b Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY		
c EIN-PN 74-1625348-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1344101
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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
	For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
	A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION	D Employer Identification Number (EIN) 82-4833402	

Part I	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)	34942	45336
(2) Participant contributions	1b(2)	125721	31475
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	93289	91646
(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)	1908533	2057947
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	26968731	22301096
(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)	624719313	435792215
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	233975999	267220090
(15) Other	1c(15)	1158528	337968366

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	888985056	1065508171
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	888985056	1065508171

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)	17724653	
(B) Participants	2a(1)(B)	18578539	
(C) Others (including rollovers)	2a(1)(C)	4619886	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		40923078
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2906771	
(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)	119062	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3025833
(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)	13569499	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13569499
(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)		
(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)		

		(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)		-3623013
(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)		120995172
c Other income	2c		633328
d Total income. Add all income amounts in column (b) and enter total	2d		175523897

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64057543	
(2) To insurance carriers for the provision of benefits.....	2e(2)	6209891	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		70267434
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		90233
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	1247716	
(3) Recordkeeping fees.....	2i(3)	1351547	
(4) IQPA audit fees.....	2i(4)	33767	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2633030
j Total expenses. Add all expense amounts in column (b) and enter total	2j		72990697

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		102533200
l Transfers of assets:			
(1) To this plan	2l(1)		73989915
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)	☒	☐	364080
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION		D Employer Identification Number (EIN) 82-4833402
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit Plan number (PN) ▶	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PENTEGRA SERVICES, INC.	D Administrator's EIN 13-3745616	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer APPALACHIAN COLLEGE OF PHARMACY	2b EIN 26-0069167	2c Percentage of Total Contributions for the Plan Year 2.00	2d Aggregate Account Balances Attributable to Participating Employer 11779093
2a Name of Participating Employer APPALACHIAN SCHOOL OF LAW	2b EIN 54-1743079	2c Percentage of Total Contributions for the Plan Year 1.00	2d Aggregate Account Balances Attributable to Participating Employer 12132316

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AVERETT UNIVERSITY	54-0129860	3.00	35486398
BLUEFIELD UNIVERSITY	54-0568200	2.00	5776796
BRIDGEWATER	54-0506306	5.00	67032654
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE	54-2052107	20.00	91096799
EMORY & HENRY COLLEGE	54-0505892	4.00	46093496
FERRUM COLLEGE	54-0506457	1.00	36713066
HOLLINS UNIVERSITY	54-0506314	5.00	77196046
UNIVERSITY OF LYNCHBURG	54-0505922	14.00	146024016
MARY BALDWIN UNIVERSITY	54-0506319	5.00	55051426

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RANDOLPH COLLEGE	54-0505941	3.00	76148530
RANDOLPH - MACON COLLEGE	54-0505940	8.00	96997314
SWEET BRIAR COLLEGE	54-0534105	3.00	66445671
SHENANDOAH UNIVERSITY	54-0525605	16.00	142965214
SOUTHERN VIRGINIA UNIVERSITY	54-0646523	3.00	11506366
VIRGINIA WESLEYAN UNIVERSITY	54-6039600	5.00	86146279

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

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

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2023 AND 2022**



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

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

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Section 403(b) Defined Contribution Plan for Tax-Exempt Colleges and Universities in Virginia (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Section 403(b) Defined Contribution Plan for Tax-Exempt Colleges and Universities in Virginia'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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Section 403(b) Defined Contribution Plan for Tax-Exempt Colleges and Universities in Virginia and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Section 403(b) Defined Contribution Plan for Tax-Exempt Colleges and Universities in Virginia's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Section 403(b) Defined Contribution Plan for Tax-Exempt Colleges and Universities in Virginia's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Section 403(b) Defined Contribution Plan for Tax-Exempt Colleges and Universities in Virginia's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of participant delinquent contributions as of and for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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



CliftonLarsonAllen LLP

Baltimore, Maryland
September 4, 2024

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS (at Fair Value)	\$ 990,937,134	837,108,666
INVESTMENTS (at Contract Value)	72,436,279	49,807,194
RECEIVABLES		
Employee Deferral Contributions	31,475	125,721
Employer Contributions	45,336	34,942
Notes Receivable from Participants	<u>2,057,947</u>	<u>1,908,533</u>
Total Receivables	<u>2,134,758</u>	<u>2,069,196</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,065,508,171</u></u>	<u><u>\$ 888,985,056</u></u>

See accompanying Notes to Financial Statements.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2023 AND 2022**

	2023	2022
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 130,941,657	\$ (129,718,145)
Interest and Dividends	2,906,771	1,729,436
Net Investment Income (Loss)	133,848,428	(127,988,709)
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	119,062	84,024
CONTRIBUTIONS		
Employee Deferral	18,578,539	17,671,871
Employer	17,724,653	16,107,266
Employee Rollover	4,619,886	2,103,892
Total Contributions	40,923,078	35,883,029
OTHER INCOME	633,328	701,699
Total Additions	175,523,896	(91,319,957)
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	70,357,666	57,174,160
ADMINISTRATIVE EXPENSES	2,633,030	2,518,965
Total Deductions	72,990,696	59,693,125
NET INCREASE (DECREASE) BEFORE TRANSFERS	102,533,200	(151,013,082)
Transfer of Net Assets from Randolph College Defined Contribution & Tax Deferred Annuity Retirement Plan	73,989,915	-
Transfer of Net Assets from 403(b)(9) Retirement Plan for Bluefield University	-	6,525,566
Total Transfers	73,989,915	6,525,566
NET INCREASE (DECREASE)	176,523,115	(144,487,516)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	888,985,056	1,033,472,572
End of Year	\$ 1,065,508,171	\$ 888,985,056

See accompanying Notes to Financial Statements.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 DESCRIPTION OF PLAN

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

General

The Plan is a multiemployer defined contribution plan originally effective January 1, 2018 and recently amended January 1, 2023. The Plan allows for each participating employer to determine eligible employees in compliance with Section 403(b) of the Internal Revenue Code (IRC). The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Governing Committee is responsible for the oversight of the Plan. The Governing Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective February 1, 2022, Bluefield University elected to be a participating employer of the Plan. On February 1, 2022, employees of Bluefield University were allowed to participate in the Plan, and assets totaling \$6,525,566 of the 403(b)(9) Retirement Plan for Bluefield University were merged into the Plan.

Effective June 1, 2023, Randolph College elected to be a participating employer of the Plan. On June 1, 2023, employees of Randolph College were allowed to participate in the Plan, and assets totaling \$73,989,915 of the Randolph College Defined Contribution & Tax Deferred Annuity Retirement Plan were merged into the Plan.

Contributions

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

The Participating Employer, as elected in their adoption agreement, may elect to make a qualified matching contribution, safe-harbor contribution, nonelective contribution, and/or profit sharing contribution (employer contributions) to the Plan.

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

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

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

Vesting

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

Notes Receivable from Participants

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

Plan Loans

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

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

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

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Loans (Continued)

Loans are collateralized at 110% of the original loan value which is transferred from the participant's accumulation account into a distinct TIAA Traditional Annuities account. The collateralized funds remain in Plan assets throughout the term of the loan, earning interest over the loan term, and are included in the balance for TIAA Traditional Annuities, which are investments that are reported in the statements of net assets available for benefits. As loan repayments are made to TIAA, an amount equal to the principal portion of the repayment is transferred from the TIAA Traditional Annuities account to the participant's accumulation account. All interest earned on the loan is maintained by TIAA. The Plan loan balances included in TIAA Traditional Annuities were \$184,752 and \$295,017 as of December 31, 2023 and 2022, respectively, and were collateralized by approximately \$203,227 and \$324,519 of investments included in the statements of net assets available for benefits as of December 31, 2023 and 2022, respectively. As of December 31, 2023 and 2022, loans in default were \$115,476 and \$109,948, respectively.

Benefit Payments

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

Forfeited Accounts

Forfeited nonvested accounts are used to reduce administrative expenses or used to reduce future Company contributions. Forfeited nonvested accounts as of December 31, 2023 and 2022, totaled \$27,990 and \$21,086, respectively. There were no forfeitures used to pay administrative expenses for the years ended December 31, 2023 and 2022. There were \$33,129 and \$25,307 of forfeitures used to reduce Employer contributions for the years ended December 31, 2023 and 2022, respectively.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Contributions

Contributions from participants and Employer contributions are recorded in the year in which the employee contributions are withheld from compensation.

Benefit Payments

Benefits are recorded when paid.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

Expenses paid directly by the participating employers are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investment presented in the accompanying statements of changes in net assets available for benefits. The Plan received \$2,074,098 and \$2,071,823 of ERISA spending account revenue for which \$1,483,692 and \$1,449,958 was used to pay Plan expenses during the years ended December 31, 2023 and 2022, respectively. There was \$500,000 and \$500,000 credited to participants accounts as of December 31, 2023 and 2022, respectively. As of December 31, 2023 and 2022, the ERISA spending account totaled \$840,143 and \$758,502, respectively.

Subsequent Events

The Plan has evaluated subsequent events through September 4, 2024, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

TIAA and CREF, Lincoln National Life Insurance Company, The Variable Annuity Life Insurance Company, and Voya Retirement Insurance and Annuity Company, the insurance companies, and TIAA on Behalf of TIAA, FSB and TIAA Trust, N.A., Fidelity Management Trust Company, Ascensus Trust Company, and Newport Trust Company, the trustees, have supplied the Plan administrator with certifications as to the completeness and accuracy of investment information and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2023.

Investments totaling \$21,089 and \$156,488 held by Invesco Investment Services, Inc. were not certified as of December 31, 2023 and 2022, respectively. The related investment activity not covered by the certification is not significant for the years ended December 31, 2023 and 2022.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 4 FAIR VALUE OF INVESTMENTS

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

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

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

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

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

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

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

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2023 and 2022.

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

Money Market Fund: Valued based on cost, which approximates fair value in a noninflationary economy and is traded at a stable \$1.00 NAV which is the value at which the fund is traded.

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

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

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

Self-Directed Brokerage Account: The investments in the brokerage link account consist primarily of mutual funds, and money market funds, which are valued as noted above.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

	2023			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 435,792,215	\$ -	\$ -	\$ 435,792,215
Money Market Fund	91,646	-	-	91,646
Pooled Separate Account	-	22,301,096	-	22,301,096
Subaccounts of Variable Annuities	-	337,041,628	-	337,041,628
Nonbenefit-Responsive Fixed Accounts	-	-	194,783,811	194,783,811
Self-Directed Brokerage Account	926,738	-	-	926,738
Total Investments at Fair Value	<u>\$ 436,810,599</u>	<u>\$ 359,342,724</u>	<u>\$ 194,783,811</u>	<u>\$ 990,937,134</u>

	2022			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 346,875,717	\$ -	\$ -	\$ 346,875,717
Money Market Fund	93,289	-	-	93,289
Pooled Separate Account	-	26,968,731	-	26,968,731
Subaccounts of Variable Annuities	-	277,843,596	-	277,843,596
Nonbenefit-Responsive Fixed Accounts	-	-	184,168,805	184,168,805
Self-Directed Brokerage Account	1,158,528	-	-	1,158,528
Total Investments at Fair Value	<u>\$ 348,127,534</u>	<u>\$ 304,812,327</u>	<u>\$ 184,168,805</u>	<u>\$ 837,108,666</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31:

	2023	2022
Purchases	<u>\$ 416,071</u>	<u>\$ 418,633</u>

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

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

Instrument	Fair Value 2023	Fair Value 2022	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Nonbenefit- Responsive Fixed Accounts	\$ 194,126,532	\$ 183,424,612	Discounted Cash Flow Theoretical Transfer (Exit Value)	Risk-Adjusted Discount Rate Applied	RA - 4.00% - 6.75% SRA - 3.25% - 6.00% GRA - 4.00% - 6.75% GSRA - 3.25%-6.00% RC - 4.25% - 7.00% RCP - 3.50% to 6.25%
VALIC Fixed Account Plus	557,726	543,522	There are no unobservable inputs for the VALIC Level 3 assets. However, due to withdrawal restrictions, they are reported as Level 3		
VALIC Short-Term Fixed	346	340	There are no unobservable inputs for the VALIC Level 3 assets. However, due to withdrawal restrictions, they are reported as Level 3		
VOYA Insurance Contract	99,207	200,331	Theoretical transfer (contract value)	Composite Credit Rating	3%
Total	<u>\$ 194,783,811</u>	<u>\$ 184,168,805</u>			

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

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

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY (CONTINUED)

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

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

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

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

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

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY (CONTINUED)

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

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

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

NOTE 6 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7 PLAN TERMINATION

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

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 8 PLAN TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan administrator applied for a determination letter on the Plan in 2023 and review is ongoing. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b).

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

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the qualified institutions as defined by the Plan; therefore, these investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 10 NONEXEMPT TRANSACTIONS

Certain participating employers failed to remit employee 403(b) deferral contributions for certain payroll periods within the timeframe prescribed by the Department of Labor. This is deemed a prohibited transaction in accordance with ERISA and the IRC. Certain late remittances were self-corrected in 2023 by paying in lost earnings. The rest of the participating employers will correct the prohibited transaction by depositing the lost earnings during 2024.

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2023**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2023 Check here if Late Participant Loan Repayments are Included ☐ Yes	\$ 77,024	\$ 548	\$ -	\$ -
2022 Check here if Late Participant Loan Repayments are Included ☐ Yes	\$ -	\$ 200,727	\$ -	\$ -
2021 Check here if Late Participant Loan Repayments are Included ☐ Yes	\$ -	\$ 85,781	\$ -	\$ -

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	TIAA	TIAA Traditional Benefit Responsive	\$	31,004,094.67
*	TIAA	TIAA Traditional Non Benefit Responsive		179,148,292.43
*	TIAA	TIAA Traditional Benefit Responsive 2		41,283,992.29
*	TIAA	TIAA Traditional Non Benefit Responsive 2		14,978,238.39
*	TIAA	CREF Stock R2		141,341,054.42
*	TIAA	CREF Money Market R2		8,478,074.30
*	TIAA	CREF Social Choice R2		21,874,383.71
*	TIAA	CREF Global Equities R2		36,179,885.97
*	TIAA	CREF Growth R2		43,173,126.04
*	TIAA	CREF Equity Index R2		30,037,011.48
*	TIAA	CREF Inflation-Linked Bond R2		7,574,923.53
*	TIAA	TIAA Real Estate		22,301,096.13
*	TIAA	TIAA Access Core Bond Plus T4		311,330.92
*	TIAA	TIAA Access Equity Index T4		274,768.82
*	TIAA	TIAA Access Growth & Income T4		388,928.46
*	TIAA	TIAA Access Intl Equity T4		1,031,614.22
*	TIAA	TIAA Access Lfcyle Rtmt Inc T4		259,563.54
*	TIAA	TIAA Access Lg-Cap Gr T4		629,854.94
*	TIAA	TIAA Access Lg-Cap Val T4		1,142,604.13
*	TIAA	TIAA Access Lifecycle 2010 T4		11,560.49
*	TIAA	TIAA Access Lifecycle 2015 T4		25,633.33
*	TIAA	TIAA Access Lifecycle 2020 T4		338,727.38
*	TIAA	TIAA Access Lifecycle 2025 T4		1,053,206.24
*	TIAA	TIAA Access Lifecycle 2030 T4		1,717,858.51
*	TIAA	TIAA Access Lifecycle 2035 T4		884,589.84
*	TIAA	TIAA Access Lifecycle 2040 T4		998,197.63
*	TIAA	TIAA Access Lifecycle 2045 T4		944,465.07
*	TIAA	TIAA Access Lifecycle 2050 T4		710,857.75
*	TIAA	TIAA Access Mid-Cap Gr T4		275,647.96
*	TIAA	TIAA Access Mid-Cap Val T4		585,652.49
*	TIAA	TIAA Access Real Est Secs T4		405,235.44
*	TIAA	TIAA Access Sm-Cap Bl Idx T4		482,537.00
*	TIAA	TIAA Access Quant Sml Cp Eq T4		496,416.89
*	TIAA	TIAA Access Social Ch Eq T4		172,994.93
*	TIAA	CREF Core Bond R2		14,796,527.01
*	TIAA	TIAA-CREF Lifecycle 2015-Inst		0.56
*	TIAA	American EuroPac Growth R6		30,528,083.92
*	TIAA	DFA Emerging Mark CorEqPort I		1,336,509.14
*	TIAA	Vanguard Treasury MoneyMkt Inv		6,231,928.77
*	TIAA	Vanguard Ttl Intl Stk Idx Inst		54,919,295.16

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst	\$	65,951,217.69
*	TIAA	TIAA Access Lifecycle 2055 T4		76,146.93
*	TIAA	TIAA Access Lifecycle 2060 T4		163,263.46
*	TIAA	CREF Core Bond R2		1,216,029.69
*	TIAA	TIAA Access Lifecycle 2055 T4		15,172.27
*	TIAA	TIAA Access Lifecycle 2060 T4		1,713.24
*	TIAA	American Cent MdCpVa Fd Cla R6		12,359,759.82
*	TIAA	CREF Global Equities R2		1,816,950.71
*	TIAA	Baird Core Plus Bond Fund Inst		36,984,626.15
*	TIAA	CREF Inflation-Linked Bond R2		667,191.83
*	TIAA	CREF Social Choice R2		390,173.59
*	TIAA	CREF Equity Index R2		2,059,592.31
*	TIAA	Cohen & Steers Real Est Sec Z		1,684,367.85
*	TIAA	CREF Growth R2		5,035,911.18
*	TIAA	CREF Money Market R2		2,692,175.47
*	TIAA	CREF Stock R2		4,777,309.92
*	TIAA	MFS Growth Fund Class R6		28,211,477.58
*	TIAA	MFS New Discovery Value Fd R6		10,148,836.41
*	TIAA	Putnam Large Cap Value Fund R6		30,401,405.59
*	TIAA	TIAA Access Lifecycle 2055 T4		133,564.59
*	TIAA	Artisan Small Cap Fund Instit		8,094,597.17
*	TIAA	Delaware Ivy Mid Cap Growth R6		12,402,455.00
*	TIAA	Vanguard Total St Mk Ix In Pl		122,722,995.59
*	TIAA	Impax Sustain Allocation Instl		15,875.39
*	TIAA	TIAA-CREF Self Directed Acct		926,737.54
*	Fidelity	FID 500 INDEX		1,193,656.53
*	Fidelity	FID ASSET MGR 50%		16,876.88
*	Fidelity	FID BALANCED		23,888.12
*	Fidelity	FID BLUE CHIP GR		235,759.13
*	Fidelity	FID CAPITAL APPREC		120.50
*	Fidelity	FID CONSV INC BD		40,593.72
*	Fidelity	FID CONTRAFUND		90,827.62
*	Fidelity	FID CORPORATE BOND		499.69
*	Fidelity	FID DISCIPLND EQTY		122,097.52
*	Fidelity	FID EMERGING ASIA		119.13
*	Fidelity	FID EQUITY INC		76,575.20

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Fidelity	FID FLOAT RT HI INC	\$	14,090.57
*	Fidelity	FID FOCUSED STOCK		246.32
*	Fidelity	FID FREEDOM 2025		37,868.86
*	Fidelity	FID FREEDOM 2035		176,610.03
*	Fidelity	FID FREEDOM 2040		7,751.43
*	Fidelity	FID FREEDOM 2045		103,074.81
*	Fidelity	FID FREEDOM 2050		33,276.28
*	Fidelity	FID FREEDOM 2055		978.16
*	Fidelity	FID FREEDOM 2060		11,516.93
*	Fidelity	FID GNMA		8,667.05
*	Fidelity	FID GOV CASH RESERVE		45,326.20
*	Fidelity	FIDELITY GOVT INCOME		32,942.78
*	Fidelity	FID GOVT MMKT		20,247.29
*	Fidelity	FID GROWTH & INC		12,830.66
*	Fidelity	FID GROWTH COMPANY		8,338.62
*	Fidelity	FID HIGH INCOME		509.82
*	Fidelity	FID INTL GROWTH		1,327.27
*	Fidelity	FID LARGE CAP STOCK		3,857.58
*	Fidelity	FID MAGELLAN		153,104.02
*	Fidelity	FID MID CAP IDX		5,512.27
*	Fidelity	FID MID CAP VALUE		2,601.14
*	Fidelity	FID NASDAQ COMP INDX		2,453.32
*	Fidelity	FID OTC PORTFOLIO		53,160.58
*	Fidelity	FID OVERSEAS		5,697.99
*	Fidelity	FID PURITAN		388,156.07
*	Fidelity	FID SEL BANKING		5,327.76
*	Fidelity	FID SEL BIOTECH		622.93
*	Fidelity	FID SEL HEALTHCARE		28,021.47
*	Fidelity	FID SM CAP IDX		5,143.82
*	Fidelity	FID SMALL CAP VALUE		1,079.02
*	Fidelity	FID US BOND IDX		8,056.49
*	Fidelity	FID VALUE		8.50
*	Fidelity	FID FIDELITY FUND		27,472.92
*	Fidelity	FID TREND		1,223.03
*	Fidelity	FID SEL SEMICONDUCT		244,295.71
*	Fidelity	FID SEL CONS STAPLES		2,474.22
*	Fidelity	FID VALUE STRAT		69,914.79
*	Fidelity	FID GNMA		3,554.21
*	Fidelity	FID MAGELLAN		424,224.02

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Fidelity	FID CONTRAFUND	\$	554,651.50
*	Fidelity	FID EQUITY INC		209,869.14
*	Fidelity	FID GROWTH COMPANY		459,402.38
*	Fidelity	FID INVST GR BD		107.43
*	Fidelity	FID GROWTH & INC		241,406.31
*	Fidelity	FID SEL SOFTWARE		469,470.77
*	Fidelity	FID INTERMED BOND		1,947.59
*	Fidelity	FID CAPITAL & INCOME		136,077.67
*	Fidelity	FID VALUE		86,022.79
*	Fidelity	FID SEL GOLD		106,417.99
*	Fidelity	FID SEL BIOTECH		175,424.91
*	Fidelity	FIDELITY GOVT INCOME		6,874.56
*	Fidelity	FID SEL ENERGY		72,343.24
*	Fidelity	FID SEL HEALTHCARE		58,655.16
*	Fidelity	FID SEL TECHNOLOGY		134,972.13
*	Fidelity	FID SEL UTILITIES		9,376.25
*	Fidelity	FID SEL DEFENSE		25,337.30
*	Fidelity	FID SEL CHEMICALS		3,906.98
*	Fidelity	FID TEC HARDWARE		39,967.40
*	Fidelity	FID OTC PORTFOLIO		109,283.65
*	Fidelity	FID OVERSEAS		10,089.28
*	Fidelity	FID SEL TELECOMM		2,928.54
*	Fidelity	FID LEVERGD CO STK		68,407.27
*	Fidelity	FID NEW MILLEN		206,530.10
*	Fidelity	FID EUROPE		14,405.53
*	Fidelity	FID REAL ESTATE INVS		930.51
*	Fidelity	FID BALANCED		233,719.41
*	Fidelity	FID CAPITAL APPREC		5,098.54
*	Fidelity	FID TELECOM & UTIL		5,301.98
*	Fidelity	FID BLUE CHIP GR		413,299.54
*	Fidelity	FID LOW PRICED STK		392,553.75
*	Fidelity	FID EQ DIV INCOME		4,940.29
*	Fidelity	FID ASSET MGR 70%		125,877.89
*	Fidelity	FID EMERGING MKTS		2,434.76
*	Fidelity	FID GROWTH STRAT		4,060.53
*	Fidelity	FID DIVERSIFD INTL		132,227.82
*	Fidelity	FID ASSET MGR 20%		9,258.78
*	Fidelity	FID DIVIDEND GR		32,394.91
*	Fidelity	FID MID CAP STOCK		43,236.14
*	Fidelity	FID GROWTH DISC		28,918.89

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Fidelity	FID SMALL CAP STOCK	\$	55,789.02
*	Fidelity	FID NORDIC		34,730.09
*	Fidelity	FID ASSET MGR 85%		277,269.17
*	Fidelity	FID LATIN AMERICA		1,114.35
*	Fidelity	FID EMERGING ASIA		30,896.05
*	Fidelity	FID CHINA REGION		29,952.14
*	Fidelity	FID SEL IT SERVICES		4,618.58
*	Fidelity	FID SEL MED TECH&DV		331,250.24
*	Fidelity	FID MULTI ASSET IDX		2,312.81
*	Fidelity	FID FREEDOM INCOME		241.50
*	Fidelity	FID FREEDOM 2020		843.91
*	Fidelity	FID FREEDOM 2030		227,737.55
*	Fidelity	FID SM CAP DISCOVERY		24,299.39
*	Fidelity	FID TREASURY ONLY MM		748.03
*	Fidelity	FID SHORT TERM BOND		159,120.43
*	Fidelity	FID INTM GOVT INCOME		5,467.54
*	Fidelity	FID HIGH INCOME		2,899.46
*	Fidelity	FID GOVT MMKT		62,878.31
*	Fidelity	FID SEL BANKING		361,283.53
*	Fidelity	FID SEL MATERIALS		295.55
*	Fidelity	FID SEL TRANSPORT		2,428.49
*	Fidelity	FID NATURAL RES		16,644.10
*	Fidelity	FID ENV ALT ENERGY		28,780.73
*	Fidelity	FID SEL PHARMACEUTCL		7,427.68
*	Fidelity	FID LTD TERM GOVT		2,319.45
*	Fidelity	FID STKSEL LGCAP VAL		13,574.89
*	Fidelity	FID FREEDOM 2040		346,514.98
*	Fidelity	FID MID CAP VALUE		5,475.23
*	Fidelity	FID INTL SMALL CAP		76,146.47
*	Fidelity	FID SEL WIRELESS		4,598.25
*	Fidelity	FID NASDAQ COMP INDX		6,330.28
*	Fidelity	FID FREEDOM 2015		5,908.85
*	Fidelity	FID FREEDOM 2025		16,071.07
*	Fidelity	FID FREEDOM 2035		43,069.70
*	Fidelity	FID SMALL CAP GROWTH		3,727.03
*	Fidelity	FID SMALL CAP VALUE		3,127.79
*	Fidelity	FID INTL SM CAP OPP		16,336.32
*	Fidelity	FID STRAT REAL RET		13,317.29
*	Fidelity	FID FREEDOM 2045		79,575.45
*	Fidelity	FID FREEDOM 2050		167,558.39

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Fidelity	FID US BOND IDX	\$	26,974.93
*	Fidelity	FID 500 INDEX		232,595.37
*	Fidelity	FID FREEDOM 2055		24,138.28
*	Fidelity	FID EMRG MKTS IDX		4,755.49
*	Fidelity	FID SM CAP IDX		10,164.59
*	Fidelity	FID TOTAL MKT IDX		4,724.42
*	Fidelity	FID INTL INDEX		33,254.76
*	Fidelity	FID EXTD MKT IDX		10,057.56
*	Fidelity	FID FREEDOM 2060		5,280.40
*	Fidelity	FID GOVT MMRK PRM		28,019.14
*	Fidelity	FID INTM TR BD IDX		408.43
*	Fidelity	FID STRATEGIC INCOME		8,441.52
*	Invesco	Invesco Cash Reserve Shares		7,539.16
*	Invesco	Invesco Charter Fund - Class A		13,549.85
*	Lincoln	AMERICAN FUNDS GROWTH		4,738.36
*	Lincoln	FIDELITY VIP GROWTH		19,725.51
*	Lincoln	FIXED ACCOUNT		32,716.79
*	Lincoln	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY		351.86
*	Lincoln	LVIP BLENDED LRG VOLTLY		485.18
*	Lincoln	LVIP DELAWARE SOCIAL AWARENESS		1,919.60
*	Lincoln	LVIP DIMENSIONAL U.S. CORE EQUITY 1		14,400.33
*	Lincoln	MFS UTILITIES		13,478.43
*	VALIC	ARIEL FUND		12,767.54
*	VALIC	ASSET ALLOCATION FUND		7,584.26
*	VALIC	CORE BOND FUND		5,522.22
*	VALIC	EMERGING ECONOMIES		38,968.58
*	VALIC	FIXED ACCOUNT PLUS		536,030.50
*	VALIC	GLOBAL REAL ESTATE FUND		10,322.19
*	VALIC	GOVERNMENT SECURITIES FUND		3,077.59
*	VALIC	GROWTH FUND		17,402.95
*	VALIC	GS VIT GOV MONEY MKT FD INST		982.89
*	VALIC	HIGH YIELD BOND FUND		2,523.75
*	VALIC	INFLATION PROTECTED FUND		3,492.86
*	VALIC	INTERNATIONAL VALUE FUND		18,834.75
*	VALIC	INTERNATL EQUITIES INDEX FUND		48,297.21
*	VALIC	INTL OPPORTUNITIES		18,449.41
*	VALIC	INTL SOCIALLY RESPONSIBLE		6,931.00
*	VALIC	LARGE CAPITAL GROWTH		34,945.80
*	VALIC	LOAN COLLATERAL FUND		21,406.18
*	VALIC	LOAN ESCROW FUND		289.49

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	VALIC	MID CAP INDEX FUND	\$	275,786.03
*	VALIC	MID CAP STRATEGIC GWTH		42,083.14
*	VALIC	MID CAP VALUE FUND		21,814.12
*	VALIC	MODERATE GROWTH LIFESTYLE		13,428.54
*	VALIC	SCIENCE & TECHNOLOGY FUND		7,200.55
*	VALIC	SHORT TERM FIXED ACCOUNT		346.42
*	VALIC	SMALL CAP GROWTH FUND		22,373.72
*	VALIC	SMALL CAP INDEX FUND		12,674.72
*	VALIC	SMALL CAP VALUE FUND		23,702.85
*	VALIC	STOCK INDEX FUND		261,239.89
*	VALIC	US SOCIALLY RESPONSIBLE FUND		30,736.27
*	VALIC	VANGUARD LIFESTRATEGY GROWTH		315,186.12
*	VALIC	VANGUARD LT INV-GRADE FUND		1,492.98
*	VALIC	VANGUARD WINDSOR II		86,279.11
*	Vanguard	Vanguard 500 Index Fund Admiral Share		902,189.82
*	Vanguard	Vanguard Cash Reserves Federal Money		2,962.11
*	Vanguard	Vanguard Dividend Growth Fund		327,700.54
*	Vanguard	Vanguard Growth Index Fund Admiral Shares		77,976.16
*	Vanguard	Vanguard Health Care Fund Admiral Shares		587,016.82
*	Vanguard	Vanguard Intermediate-Term Investment-Gr		61,264.94
*	Vanguard	Vanguard International Growth Fund Admiral Shares		113,885.68
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares		80,272.72
*	Vanguard	Vanguard Prime Cap Fund Admiral Shares		352,188.38
*	Vanguard	Vanguard Short-Term Investment-Grade Fun		64,679.53
*	Vanguard	Vanguard Small-Cap Index Funds Admiral Shares		7,846.97
*	Vanguard	Vanguard Value Index Fund Admiral Shares		13,509.76
*	Voya	American Funds EuroPacific R4		419.38
*	Voya	Fidelity VIP Contrafund Pt I		763.86
*	Voya	Fidelity VIP Growth Port I		4,300.81
*	Voya	Inv Dev Mrkts Fd A		367.20
*	Voya	Invesco VI Core Eqty Fund SI		750.93
*	Voya	Lord Abbett Srs Fd MC St Pt VC		1,042.17
*	Voya	PIMCO VIT Real Return Port Adm		434.31
*	Voya	Templeton Global Bond Fund A		436.14
*	Voya	VY TRwPr Divr MdCp Gr Pt I		1,906.08

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Voya	Voya Fixed Plus Account II A	\$	7,855.38
*	Voya	Voya Fixed Plus Acct II (4568)		91,351.56
*	Voya	Voya Glo Hi Div Low Vol Prtf I		3,446.89
*	Voya	Voya Growth and Income Port I		4,408.85
*	Voya	Voya Large Cap Value Port Ins		5,912.09
*	Voya	Voya Mid Cap Opport Port I		229.58
*	Voya	Voya Small Company Port I		1,224.64
*	TIAA	Plan Loan Default Fund		115,475.91
	Participants	Participant Loans		2,057,947.00
* Indicates party-in-interest			\$	1,065,431,359.35
**Cost omitted for participant-directed accounts				

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	TIAA	TIAA Traditional Benefit Responsive	\$	31,004,094.67
*	TIAA	TIAA Traditional Non Benefit Responsive		179,148,292.43
*	TIAA	TIAA Traditional Benefit Responsive 2		41,283,992.29
*	TIAA	TIAA Traditional Non Benefit Responsive 2		14,978,238.39
*	TIAA	CREF Stock R2		141,341,054.42
*	TIAA	CREF Money Market R2		8,478,074.30
*	TIAA	CREF Social Choice R2		21,874,383.71
*	TIAA	CREF Global Equities R2		36,179,885.97
*	TIAA	CREF Growth R2		43,173,126.04
*	TIAA	CREF Equity Index R2		30,037,011.48
*	TIAA	CREF Inflation-Linked Bond R2		7,574,923.53
*	TIAA	TIAA Real Estate		22,301,096.13
*	TIAA	TIAA Access Core Bond Plus T4		311,330.92
*	TIAA	TIAA Access Equity Index T4		274,768.82
*	TIAA	TIAA Access Growth & Income T4		388,928.46
*	TIAA	TIAA Access Intl Equity T4		1,031,614.22
*	TIAA	TIAA Access Lfcyle Rtmt Inc T4		259,563.54
*	TIAA	TIAA Access Lg-Cap Gr T4		629,854.94
*	TIAA	TIAA Access Lg-Cap Val T4		1,142,604.13
*	TIAA	TIAA Access Lifecycle 2010 T4		11,560.49
*	TIAA	TIAA Access Lifecycle 2015 T4		25,633.33
*	TIAA	TIAA Access Lifecycle 2020 T4		338,727.38
*	TIAA	TIAA Access Lifecycle 2025 T4		1,053,206.24
*	TIAA	TIAA Access Lifecycle 2030 T4		1,717,858.51
*	TIAA	TIAA Access Lifecycle 2035 T4		884,589.84
*	TIAA	TIAA Access Lifecycle 2040 T4		998,197.63
*	TIAA	TIAA Access Lifecycle 2045 T4		944,465.07
*	TIAA	TIAA Access Lifecycle 2050 T4		710,857.75
*	TIAA	TIAA Access Mid-Cap Gr T4		275,647.96
*	TIAA	TIAA Access Mid-Cap Val T4		585,652.49
*	TIAA	TIAA Access Real Est Secs T4		405,235.44
*	TIAA	TIAA Access Sm-Cap Bl Idx T4		482,537.00
*	TIAA	TIAA Access Quant Sml Cp Eq T4		496,416.89
*	TIAA	TIAA Access Social Ch Eq T4		172,994.93
*	TIAA	CREF Core Bond R2		14,796,527.01
*	TIAA	TIAA-CREF Lifecycle 2015-Inst		0.56
*	TIAA	American EuroPac Growth R6		30,528,083.92
*	TIAA	DFA Emerging Mark CorEqPort I		1,336,509.14
*	TIAA	Vanguard Treasury MoneyMkt Inv		6,231,928.77
*	TIAA	Vanguard Ttl Intl Stk Idx Inst		54,919,295.16

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	TIAA	Vanguard Ttl Bd Mkt Idx Inst	\$	65,951,217.69
*	TIAA	TIAA Access Lifecycle 2055 T4		76,146.93
*	TIAA	TIAA Access Lifecycle 2060 T4		163,263.46
*	TIAA	CREF Core Bond R2		1,216,029.69
*	TIAA	TIAA Access Lifecycle 2055 T4		15,172.27
*	TIAA	TIAA Access Lifecycle 2060 T4		1,713.24
*	TIAA	American Cent MdCpVa Fd Cla R6		12,359,759.82
*	TIAA	CREF Global Equities R2		1,816,950.71
*	TIAA	Baird Core Plus Bond Fund Inst		36,984,626.15
*	TIAA	CREF Inflation-Linked Bond R2		667,191.83
*	TIAA	CREF Social Choice R2		390,173.59
*	TIAA	CREF Equity Index R2		2,059,592.31
*	TIAA	Cohen & Steers Real Est Sec Z		1,684,367.85
*	TIAA	CREF Growth R2		5,035,911.18
*	TIAA	CREF Money Market R2		2,692,175.47
*	TIAA	CREF Stock R2		4,777,309.92
*	TIAA	MFS Growth Fund Class R6		28,211,477.58
*	TIAA	MFS New Discovery Value Fd R6		10,148,836.41
*	TIAA	Putnam Large Cap Value Fund R6		30,401,405.59
*	TIAA	TIAA Access Lifecycle 2055 T4		133,564.59
*	TIAA	Artisan Small Cap Fund Instit		8,094,597.17
*	TIAA	Delaware Ivy Mid Cap Growth R6		12,402,455.00
*	TIAA	Vanguard Total St Mk Ix In Pl		122,722,995.59
*	TIAA	Impax Sustain Allocation Instl		15,875.39
*	TIAA	TIAA-CREF Self Directed Acct		926,737.54
*	Fidelity	FID 500 INDEX		1,193,656.53
*	Fidelity	FID ASSET MGR 50%		16,876.88
*	Fidelity	FID BALANCED		23,888.12
*	Fidelity	FID BLUE CHIP GR		235,759.13
*	Fidelity	FID CAPITAL APPREC		120.50
*	Fidelity	FID CONSV INC BD		40,593.72
*	Fidelity	FID CONTRAFUND		90,827.62
*	Fidelity	FID CORPORATE BOND		499.69
*	Fidelity	FID DISCIPLND EQTY		122,097.52
*	Fidelity	FID EMERGING ASIA		119.13
*	Fidelity	FID EQUITY INC		76,575.20

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Fidelity	FID FLOAT RT HI INC	\$	14,090.57
*	Fidelity	FID FOCUSED STOCK		246.32
*	Fidelity	FID FREEDOM 2025		37,868.86
*	Fidelity	FID FREEDOM 2035		176,610.03
*	Fidelity	FID FREEDOM 2040		7,751.43
*	Fidelity	FID FREEDOM 2045		103,074.81
*	Fidelity	FID FREEDOM 2050		33,276.28
*	Fidelity	FID FREEDOM 2055		978.16
*	Fidelity	FID FREEDOM 2060		11,516.93
*	Fidelity	FID GNMA		8,667.05
*	Fidelity	FID GOV CASH RESERVE		45,326.20
*	Fidelity	FIDELITY GOVT INCOME		32,942.78
*	Fidelity	FID GOVT MMKT		20,247.29
*	Fidelity	FID GROWTH & INC		12,830.66
*	Fidelity	FID GROWTH COMPANY		8,338.62
*	Fidelity	FID HIGH INCOME		509.82
*	Fidelity	FID INTL GROWTH		1,327.27
*	Fidelity	FID LARGE CAP STOCK		3,857.58
*	Fidelity	FID MAGELLAN		153,104.02
*	Fidelity	FID MID CAP IDX		5,512.27
*	Fidelity	FID MID CAP VALUE		2,601.14
*	Fidelity	FID NASDAQ COMP INDX		2,453.32
*	Fidelity	FID OTC PORTFOLIO		53,160.58
*	Fidelity	FID OVERSEAS		5,697.99
*	Fidelity	FID PURITAN		388,156.07
*	Fidelity	FID SEL BANKING		5,327.76
*	Fidelity	FID SEL BIOTECH		622.93
*	Fidelity	FID SEL HEALTHCARE		28,021.47
*	Fidelity	FID SM CAP IDX		5,143.82
*	Fidelity	FID SMALL CAP VALUE		1,079.02
*	Fidelity	FID US BOND IDX		8,056.49
*	Fidelity	FID VALUE		8.50
*	Fidelity	FID FIDELITY FUND		27,472.92
*	Fidelity	FID TREND		1,223.03
*	Fidelity	FID SEL SEMICONDUCT		244,295.71
*	Fidelity	FID SEL CONS STAPLES		2,474.22
*	Fidelity	FID VALUE STRAT		69,914.79
*	Fidelity	FID GNMA		3,554.21
*	Fidelity	FID MAGELLAN		424,224.02

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Fidelity	FID CONTRAFUND	\$	554,651.50
*	Fidelity	FID EQUITY INC		209,869.14
*	Fidelity	FID GROWTH COMPANY		459,402.38
*	Fidelity	FID INVST GR BD		107.43
*	Fidelity	FID GROWTH & INC		241,406.31
*	Fidelity	FID SEL SOFTWARE		469,470.77
*	Fidelity	FID INTERMED BOND		1,947.59
*	Fidelity	FID CAPITAL & INCOME		136,077.67
*	Fidelity	FID VALUE		86,022.79
*	Fidelity	FID SEL GOLD		106,417.99
*	Fidelity	FID SEL BIOTECH		175,424.91
*	Fidelity	FIDELITY GOVT INCOME		6,874.56
*	Fidelity	FID SEL ENERGY		72,343.24
*	Fidelity	FID SEL HEALTHCARE		58,655.16
*	Fidelity	FID SEL TECHNOLOGY		134,972.13
*	Fidelity	FID SEL UTILITIES		9,376.25
*	Fidelity	FID SEL DEFENSE		25,337.30
*	Fidelity	FID SEL CHEMICALS		3,906.98
*	Fidelity	FID TEC HARDWARE		39,967.40
*	Fidelity	FID OTC PORTFOLIO		109,283.65
*	Fidelity	FID OVERSEAS		10,089.28
*	Fidelity	FID SEL TELECOMM		2,928.54
*	Fidelity	FID LEVERGD CO STK		68,407.27
*	Fidelity	FID NEW MILLEN		206,530.10
*	Fidelity	FID EUROPE		14,405.53
*	Fidelity	FID REAL ESTATE INVS		930.51
*	Fidelity	FID BALANCED		233,719.41
*	Fidelity	FID CAPITAL APPREC		5,098.54
*	Fidelity	FID TELECOM & UTIL		5,301.98
*	Fidelity	FID BLUE CHIP GR		413,299.54
*	Fidelity	FID LOW PRICED STK		392,553.75
*	Fidelity	FID EQ DIV INCOME		4,940.29
*	Fidelity	FID ASSET MGR 70%		125,877.89
*	Fidelity	FID EMERGING MKTS		2,434.76
*	Fidelity	FID GROWTH STRAT		4,060.53
*	Fidelity	FID DIVERSIFD INTL		132,227.82
*	Fidelity	FID ASSET MGR 20%		9,258.78
*	Fidelity	FID DIVIDEND GR		32,394.91
*	Fidelity	FID MID CAP STOCK		43,236.14
*	Fidelity	FID GROWTH DISC		28,918.89

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Fidelity	FID SMALL CAP STOCK	\$	55,789.02
*	Fidelity	FID NORDIC		34,730.09
*	Fidelity	FID ASSET MGR 85%		277,269.17
*	Fidelity	FID LATIN AMERICA		1,114.35
*	Fidelity	FID EMERGING ASIA		30,896.05
*	Fidelity	FID CHINA REGION		29,952.14
*	Fidelity	FID SEL IT SERVICES		4,618.58
*	Fidelity	FID SEL MED TECH&DV		331,250.24
*	Fidelity	FID MULTI ASSET IDX		2,312.81
*	Fidelity	FID FREEDOM INCOME		241.50
*	Fidelity	FID FREEDOM 2020		843.91
*	Fidelity	FID FREEDOM 2030		227,737.55
*	Fidelity	FID SM CAP DISCOVERY		24,299.39
*	Fidelity	FID TREASURY ONLY MM		748.03
*	Fidelity	FID SHORT TERM BOND		159,120.43
*	Fidelity	FID INTM GOVT INCOME		5,467.54
*	Fidelity	FID HIGH INCOME		2,899.46
*	Fidelity	FID GOVT MMKT		62,878.31
*	Fidelity	FID SEL BANKING		361,283.53
*	Fidelity	FID SEL MATERIALS		295.55
*	Fidelity	FID SEL TRANSPORT		2,428.49
*	Fidelity	FID NATURAL RES		16,644.10
*	Fidelity	FID ENV ALT ENERGY		28,780.73
*	Fidelity	FID SEL PHARMACEUTCL		7,427.68
*	Fidelity	FID LTD TERM GOVT		2,319.45
*	Fidelity	FID STKSEL LGCAP VAL		13,574.89
*	Fidelity	FID FREEDOM 2040		346,514.98
*	Fidelity	FID MID CAP VALUE		5,475.23
*	Fidelity	FID INTL SMALL CAP		76,146.47
*	Fidelity	FID SEL WIRELESS		4,598.25
*	Fidelity	FID NASDAQ COMP INDX		6,330.28
*	Fidelity	FID FREEDOM 2015		5,908.85
*	Fidelity	FID FREEDOM 2025		16,071.07
*	Fidelity	FID FREEDOM 2035		43,069.70
*	Fidelity	FID SMALL CAP GROWTH		3,727.03
*	Fidelity	FID SMALL CAP VALUE		3,127.79
*	Fidelity	FID INTL SM CAP OPP		16,336.32
*	Fidelity	FID STRAT REAL RET		13,317.29
*	Fidelity	FID FREEDOM 2045		79,575.45
*	Fidelity	FID FREEDOM 2050		167,558.39

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Fidelity	FID US BOND IDX	\$	26,974.93
*	Fidelity	FID 500 INDEX		232,595.37
*	Fidelity	FID FREEDOM 2055		24,138.28
*	Fidelity	FID EMRG MKTS IDX		4,755.49
*	Fidelity	FID SM CAP IDX		10,164.59
*	Fidelity	FID TOTAL MKT IDX		4,724.42
*	Fidelity	FID INTL INDEX		33,254.76
*	Fidelity	FID EXTD MKT IDX		10,057.56
*	Fidelity	FID FREEDOM 2060		5,280.40
*	Fidelity	FID GOVT MMRK PRM		28,019.14
*	Fidelity	FID INTM TR BD IDX		408.43
*	Fidelity	FID STRATEGIC INCOME		8,441.52
*	Invesco	Invesco Cash Reserve Shares		7,539.16
*	Invesco	Invesco Charter Fund - Class A		13,549.85
*	Lincoln	AMERICAN FUNDS GROWTH		4,738.36
*	Lincoln	FIDELITY VIP GROWTH		19,725.51
*	Lincoln	FIXED ACCOUNT		32,716.79
*	Lincoln	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY		351.86
*	Lincoln	LVIP BLENDED LRG VOLTLY		485.18
*	Lincoln	LVIP DELAWARE SOCIAL AWARENESS		1,919.60
*	Lincoln	LVIP DIMENSIONAL U.S. CORE EQUITY 1		14,400.33
*	Lincoln	MFS UTILITIES		13,478.43
*	VALIC	ARIEL FUND		12,767.54
*	VALIC	ASSET ALLOCATION FUND		7,584.26
*	VALIC	CORE BOND FUND		5,522.22
*	VALIC	EMERGING ECONOMIES		38,968.58
*	VALIC	FIXED ACCOUNT PLUS		536,030.50
*	VALIC	GLOBAL REAL ESTATE FUND		10,322.19
*	VALIC	GOVERNMENT SECURITIES FUND		3,077.59
*	VALIC	GROWTH FUND		17,402.95
*	VALIC	GS VIT GOV MONEY MKT FD INST		982.89
*	VALIC	HIGH YIELD BOND FUND		2,523.75
*	VALIC	INFLATION PROTECTED FUND		3,492.86
*	VALIC	INTERNATIONAL VALUE FUND		18,834.75
*	VALIC	INTERNATL EQUITIES INDEX FUND		48,297.21
*	VALIC	INTL OPPORTUNITIES		18,449.41
*	VALIC	INTL SOCIALLY RESPONSIBLE		6,931.00
*	VALIC	LARGE CAPITAL GROWTH		34,945.80
*	VALIC	LOAN COLLATERAL FUND		21,406.18
*	VALIC	LOAN ESCROW FUND		289.49

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	VALIC	MID CAP INDEX FUND	\$	275,786.03
*	VALIC	MID CAP STRATEGIC GWTH		42,083.14
*	VALIC	MID CAP VALUE FUND		21,814.12
*	VALIC	MODERATE GROWTH LIFESTYLE		13,428.54
*	VALIC	SCIENCE & TECHNOLOGY FUND		7,200.55
*	VALIC	SHORT TERM FIXED ACCOUNT		346.42
*	VALIC	SMALL CAP GROWTH FUND		22,373.72
*	VALIC	SMALL CAP INDEX FUND		12,674.72
*	VALIC	SMALL CAP VALUE FUND		23,702.85
*	VALIC	STOCK INDEX FUND		261,239.89
*	VALIC	US SOCIALLY RESPONSIBLE FUND		30,736.27
*	VALIC	VANGUARD LIFESTRATEGY GROWTH		315,186.12
*	VALIC	VANGUARD LT INV-GRADE FUND		1,492.98
*	VALIC	VANGUARD WINDSOR II		86,279.11
*	Vanguard	Vanguard 500 Index Fund Admiral Share		902,189.82
*	Vanguard	Vanguard Cash Reserves Federal Money		2,962.11
*	Vanguard	Vanguard Dividend Growth Fund		327,700.54
*	Vanguard	Vanguard Growth Index Fund Admiral Shares		77,976.16
*	Vanguard	Vanguard Health Care Fund Admiral Shares		587,016.82
*	Vanguard	Vanguard Intermediate-Term Investment-Gr		61,264.94
*	Vanguard	Vanguard International Growth Fund Admiral Shares		113,885.68
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares		80,272.72
*	Vanguard	Vanguard Prime Cap Fund Admiral Shares		352,188.38
*	Vanguard	Vanguard Short-Term Investment-Grade Fun		64,679.53
*	Vanguard	Vanguard Small-Cap Index Funds Admiral Shares		7,846.97
*	Vanguard	Vanguard Value Index Fund Admiral Shares		13,509.76
*	Voya	American Funds EuroPacific R4		419.38
*	Voya	Fidelity VIP Contrafund Pt I		763.86
*	Voya	Fidelity VIP Growth Port I		4,300.81
*	Voya	Inv Dev Mrkts Fd A		367.20
*	Voya	Invesco VI Core Eqty Fund SI		750.93
*	Voya	Lord Abbett Srs Fd MC St Pt VC		1,042.17
*	Voya	PIMCO VIT Real Return Port Adm		434.31
*	Voya	Templeton Global Bond Fund A		436.14
*	Voya	VY TRwPr Divr MdCp Gr Pt I		1,906.08

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
E.I.N. 82-4833402 PLAN NO. 333
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	Voya	Voya Fixed Plus Account II A	\$	7,855.38
*	Voya	Voya Fixed Plus Acct II (4568)		91,351.56
*	Voya	Voya Glo Hi Div Low Vol Prtf I		3,446.89
*	Voya	Voya Growth and Income Port I		4,408.85
*	Voya	Voya Large Cap Value Port Ins		5,912.09
*	Voya	Voya Mid Cap Opport Port I		229.58
*	Voya	Voya Small Company Port I		1,224.64
*	TIAA	Plan Loan Default Fund		115,475.91
	Participants	Participant Loans		2,057,947.00
* Indicates party-in-interest				\$ 1,065,431,359.35
**Cost omitted for participant-directed accounts				