

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 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</u>	1b Three-digit plan number (PN) ▶ <u>333</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</u> <u>108 N. 8TH STREET</u> <u>RICHMOND, VA 23219</u>	1c Effective date of plan <u>08/01/2018</u> 2b Employer Identification Number (EIN) <u>82-4833402</u> 2c Plan Sponsor's telephone number <u>540-586-0606</u> 2d Business code (see instructions) <u>611000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2025	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 <input type="checkbox"/> 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
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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
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5 Total number of participants at the beginning of the plan year	5	11629
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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.....		
	6a(1)	5562
	6a(2)	6105
	6b	0
	6c	6071
	6d	12176
	6e	79
	6f	12255
	6g(1)	11163
	6g(2)	11712
	6h	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>6</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</p>	<p>B Three-digit plan number (PN) ▶ 333</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</p>	<p>D Employer Identification Number (EIN) 82-4833402</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	407460	9846	01/01/2024	12/31/2024

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
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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

(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	

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	263209717
5	Current value of plan's interest under this contract in separate accounts at year end.....	374890218
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 238828746
c	Additions: (1) Contributions deposited during the year	7c(1) 2770727
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 11765452
	(4) Transferred from separate account	7c(4) 28946363
	(5) Other (specify below)..... ▶ PLAN SERVICE CREDIT, PARTICIPANT LOAN INTEREST, PLAN TO PLAN TRANSFER IN	7c(5) 28095845
	(6) Total additions	7c(6) 71578387
d	Total of balance and additions (add lines 7b and 7c(6))	7d 310407133
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 22397545
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 24639473
	(4) Other (specify below)..... ▶ PLAN FEES, PARTICIPANT LOANS ISSUED, PARTICIPANT PRINCIPAL REPAYMENT	7e(4) 160398
(5) Total deductions	7e(5) 47197416	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 263209717

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>333</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</p>	<p>D Employer Identification Number (EIN) 82-4833402</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE 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	19	01/01/2024	12/31/2024

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
80	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

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	
50			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	
30			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	

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	159374
5	Current value of plan's interest under this contract in separate accounts at year end.....	665548
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 536377
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 14934
	(4) Transferred from separate account	7c(4) 11847
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 26781
d	Total of balance and additions (add lines 7b and 7c(6))	7d 563158
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 403609
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 175
(5) Total deductions	7e(5) 403784	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 159374

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>333</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</p>	<p>D Employer Identification Number (EIN) 82-4833402</p>	

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	01/01/2024	12/31/2024

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
1380	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

JENNIFER HOLMS P.O. BOX 69
AMISSVILLE, VA 20106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1142			3

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

MARTA A STEANE 350 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	
238			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	

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	99207
5	Current value of plan's interest under this contract in separate accounts at year end.....	30425
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 99207
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1818
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 1818
d	Total of balance and additions (add lines 7b and 7c(6))	7d 101025
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 101025
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 101025	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>333</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</p>	<p>D Employer Identification Number (EIN) 82-4833402</p>	

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	01/01/2024	12/31/2024

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
313	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 18700 N. HAYDEN RD.
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
313			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	10271
5	Current value of plan's interest under this contract in separate accounts at year end.....	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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 32718
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1059
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 1059
d	Total of balance and additions (add lines 7b and 7c(6))	7d 33777
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 16789
	(2) Administration charge made by carrier.....	7e(2) 16
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ LOAN PAYMENT	7e(4) 6701
(5) Total deductions	7e(5) 23506	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 10271

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>333</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</p>	<p>D Employer Identification Number (EIN) 82-4833402</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	408453	0	01/01/2024	12/31/2024

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
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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

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 27701347
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 0
d	Total of balance and additions (add lines 7b and 7c(6))	7d 27701347
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ PLAN TO PLAN TRANSFER OUT	7e(4) 27701347
(5) Total deductions	7e(5) 27701347	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>333</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</p>	<p>D Employer Identification Number (EIN) 82-4833402</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	408671	1110	07/01/2024	12/31/2024

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
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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

(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	48898716
5	Current value of plan's interest under this contract in separate accounts at year end.....	46833932
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 0
c	Additions: (1) Contributions deposited during the year	7c(1) 251176
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1072811
	(4) Transferred from separate account	7c(4) 55331215
	(5) Other (specify below)..... ▶ PARTICIPANT LOAN INTEREST, PARTICIPANT LOAN PRINCIPLE, PARTICIPANT LOAN ISSUED	7c(5) 4864
	(6) Total additions	7c(6) 56660066
d	Total of balance and additions (add lines 7b and 7c(6))	7d 56660066
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 3336669
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 4420382
	(4) Other (specify below)..... ▶ PLAN FEES, PLAN SERVICING CREDIT	7e(4) 4299
(5) Total deductions	7e(5) 7761350	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 48898716

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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)

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 10017-3206

13-1624203

(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

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	1702176	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	366697	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	356958	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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	196855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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?
23	INSURANCE SERVICES	164981	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	87822	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	85889	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	76800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	39165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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	1912	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	75	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</u>	B Three-digit plan number (PN)	<u>▶</u> <u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</u>	D Employer Identification Number (EIN) <u>82-4833402</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>13-1624203-004</u>	<u>P</u>	<u>23821594</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VALIC ANNUITY SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a):	<u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>		
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)	
<u>74-1625348-002</u>	<u>P</u>	<u>665548</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA	B Three-digit plan number (PN) ▶ <u>333</u>
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) <u>82-4833402</u>

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	45336	205357
(2) Participant contributions	1b(2)	31475	172747
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	91646	182594
(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)	2057947	2267954
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	22301096	22617855
(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)	435792215	944964649
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	267220090	312278078
(15) Other	1c(15)	337968366	1074495

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	1065508171	1283763729
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	1065508171	1283763729

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)	19860379	
(B) Participants.....	2a(1)(B)	19872666	
(C) Others (including rollovers).....	2a(1)(C)	6377146	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		46110191
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	25369918	
(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)	154501	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25524419
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		-871041
(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)		104587291
c Other income	2c		751469
d Total income. Add all income amounts in column (b) and enter total	2d		176102329

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	102893116	
(2) To insurance carriers for the provision of benefits	2e(2)	9219996	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		112113112
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		425963
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1464627	
(3) Recordkeeping fees	2i(3)	1612372	
(4) IQPA audit fees	2i(4)	33589	
(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)		3110588
j Total expenses. Add all expense amounts in column (b) and enter total	2j		115649663

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		60452666
l Transfers of assets:			
(1) To this plan	2l(1)		157802892
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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:

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

	Yes	No	Amount
4a	X		300278

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

4b		X	
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c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

4c		X	
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d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

4d		X	
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e Was this plan covered by a fidelity bond?

4e	X		1000000
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f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

4f		X	
-----------	--	---	--

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

4g		X	
-----------	--	---	--

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

4h		X	
-----------	--	---	--

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

4i	X		
-----------	---	--	--

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

4j		X	
-----------	--	---	--

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

4k		X	
-----------	--	---	--

l Has the plan failed to provide any benefit when due under the plan?

4l		X	
-----------	--	---	--

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m		X	
-----------	--	---	--

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

4n			
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA</u>	B Three-digit plan number (PN) ▶	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE GOVERNING COMMITTEE OF THE SECTION 403(B) DEFINED CONTRIBUTION</u>	D Employer Identification Number (EIN) <u>82-4833402</u>	

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 11 / 29 / 2024 (MM/DD/YYYY) and the Opinion Letter serial number Q706136A.

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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 1.73	2d Aggregate Account Balances Attributable to Participating Employer 13803886
2a Name of Participating Employer APPALACHIAN SCHOOL OF LAW	2b EIN 54-1743079	2c Percentage of Total Contributions for the Plan Year 0.76	2d Aggregate Account Balances Attributable to Participating Employer 13006258

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (2024)
v. 240311**

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	2.49	34667203
BLUEFIELD UNIVERSITY	54-0568200	0.40	6201445
BRIDGEWATER COLLEGE	54-0506306	4.52	69293289
EDWARD VIA VIRGINIA COLLEGE OF OSTEOPATHIC MEDICINE	54-2052107	17.05	104136711
EMORY & HENRY UNIVERSITY	54-0505892	4.05	48789731
FERRUM COLLEGE	54-0506457	1.44	36142409
HOLLINS UNIVERSITY	54-0506314	4.93	82009628
UNIVERSITY OF LYNCHBURG	54-0505922	12.03	150516373
MARY BALDWIN UNIVERSITY	54-0506319	4.19	57293115

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	4.66	79703615
RANDOLPH - MACON COLLEGE	54-0505940	7.15	103546728
SWEET BRIAR COLLEGE	54-0534105	3.74	70231433
SHENANDOAH UNIVERSITY	54-0525605	18.44	157413257
SOUTHERN VIRGINIA UNIVERSITY	54-0646523	2.56	13441780
VIRGINIA WESLEYAN UNIVERSITY	54-6039600	4.48	89059612
ROANOKE COLLEGE	54-0505945	5.38	154028974

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
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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, 2024 AND 2023



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**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
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YEARS ENDED DECEMBER 31, 2024 AND 2023**

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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, 2024 and 2023, 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, 2024 and 2023, 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, 2024 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 18, 2025

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)	\$ 1,191,531,170	\$ 990,937,134
INVESTMENTS (at Contract Value)	89,586,501	72,436,279
RECEIVABLES		
Employee Deferral Contributions	172,747	31,475
Employer Contributions	205,357	45,336
Notes Receivable from Participants	2,525,270	2,057,947
Total Receivables	2,903,374	2,134,758
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,284,021,045	\$ 1,065,508,171

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, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 103,716,250	\$ 117,372,158
Interest and Dividends	25,369,919	16,476,270
Net Investment Income	<u>129,086,169</u>	<u>133,848,428</u>
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	170,869	119,062
CONTRIBUTIONS		
Employee Deferral	19,872,666	18,578,539
Employer	19,860,379	17,724,653
Employee Rollover	6,377,146	4,619,886
Total Contributions	<u>46,110,191</u>	<u>40,923,078</u>
OTHER INCOME	<u>751,469</u>	<u>633,328</u>
Total Additions	176,118,698	175,523,896
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	112,298,128	70,357,666
ADMINISTRATIVE EXPENSES	<u>3,110,588</u>	<u>2,633,030</u>
Total Deductions	<u>115,408,716</u>	<u>72,990,696</u>
NET INCREASE BEFORE TRANSFERS	60,709,982	102,533,200
Transfer of Net Assets from Roanoke College Defined Contribution Retirement Plan	157,802,892	-
Transfer of Net Assets from Randolph College Defined Contribution & Tax Deferred Annuity Retirement Plan	-	73,989,915
Total Transfers	<u>157,802,892</u>	<u>73,989,915</u>
NET INCREASE	218,512,874	176,523,115
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>1,065,508,171</u>	<u>888,985,056</u>
End of Year	<u>\$ 1,284,021,045</u>	<u>\$ 1,065,508,171</u>

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, 2024 AND 2023**

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 multiple employer defined contribution plan originally effective January 1, 2018 and recently restated effective March 12, 2025. 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 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.

Effective July 1, 2024, Roanoke College elected to be a participating employer of the Plan. On July 1, 2024, employees of Roanoke College were allowed to participate in the Plan, and assets totaling \$157,802,892 of the Roanoke College Defined Contribution 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. The Plan includes an auto-enrollment provision whereby each participating employer may select in its adoption agreement to have all newly eligible employees automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at a percentage of eligible compensation selected by the participating employer in their adoption agreement, and their contributions invested in the designated default fund until changed by the participant. 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, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the employee'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 or direct payments to TIAA on a basis as stated in the individual loan agreements.

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, 2024 AND 2023**

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 \$204,109 and \$184,752 as of December 31, 2024 and 2023, respectively, and were collateralized by approximately \$224,520 and \$203,227 of investments included in the statements of net assets available for benefits as of December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, loans in default were \$160,329 and \$115,476, 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 or is disabled and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance is between \$0.01 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name. Effective January 1, 2024, as a result of the SECURE 2.0 Act, the mandatory cash out limit was increased from \$5,000 to \$7,000.

Forfeited Accounts

Forfeited nonvested accounts are used to reduce administrative expenses or used to reduce future Employer contributions. Forfeited nonvested accounts as of December 31, 2024 and 2023, totaled \$32,828 and \$27,990, respectively. There were no forfeitures used to pay administrative expenses for the years ended December 31, 2024 and 2023. There were \$36,287 and \$33,129 of forfeitures used to reduce Employer contributions for the years ended December 31, 2024 and 2023, respectively.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Mutual fund dividends of \$13,569,499 earned during 2023 were previously reflected in net appreciation in fair value of investments were revised to reflect in interest and dividends in the 2023 statement of changes in net assets available for benefits. There was no change to net investment income as previously reported.

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, 2024 and 2023. 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, 2024 AND 2023**

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 of fair value of investment presented in the accompanying statements of changes in net assets available for benefits. The Plan received \$3,737,241 and \$2,074,098 of ERISA spending account revenue for which \$3,082,105 and \$1,483,692 was used to pay Plan expenses during the years ended December 31, 2024 and 2023, respectively. There was \$1,007,410 and \$500,000 credited to participants accounts as of December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, the ERISA spending account totaled \$479,215 and \$840,143, respectively.

Subsequent Events

The Plan has evaluated subsequent events through September 18, 2025, 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 Trust, N.A., Fidelity Management Trust Company, Ascensus, LLC. on behalf of Ascensus Trust Company & Newport Trust Company, the qualified institutions, 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, 2024 and 2023, 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, 2024.

Investments totaling \$24,813 and \$21,089 held by Invesco Investment Services, Inc. were not certified as of December 31, 2024 and 2023, respectively. The related investment activity not covered by the certification is not significant for the years ended December 31, 2024 and 2023.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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
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DECEMBER 31, 2024 AND 2023**

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, 2024 and 2023.

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.

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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:

	2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 545,182,493	\$ -	\$ -	\$ 545,182,493
Money Market Fund	182,594	-	-	182,594
Pooled Separate Account	-	22,617,855	-	22,617,855
Subaccounts of Variable Annuities	-	399,782,156	-	399,782,156
Nonbenefit-Responsive Fixed Accounts	-	-	222,691,577	222,691,577
Self-Directed Brokerage Account	1,074,495	-	-	1,074,495
Total Investments at Fair Value	<u>\$ 546,439,582</u>	<u>\$ 422,400,011</u>	<u>\$ 222,691,577</u>	<u>\$ 1,191,531,170</u>

	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>

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:

	2024	2023
Purchases	<u>\$ 431,602</u>	<u>\$ 416,071</u>

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
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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 2024	Fair Value 2023	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Nonbenefit- Responsive Fixed Accounts	\$ 222,532,203	\$ 194,126,532	Discounted Cash Flow Theoretical Transfer (Exit Value)	Risk-Adjusted Discount Rate Applied	RA - 3.65% - 6.50% SRA - 3.00% - 5.75% GRA - 3.65% - 6.50% GSRA - 3.00%-5.75% RC - 3.90% - 6.75% RCP - 3.15% to 6.00%
VALIC Fixed Account Plus	158,542	557,726	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	832	346	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	Theoretical transfer (contract value)	Composite Credit Rating	3%
Total	<u>\$ 222,691,577</u>	<u>\$ 194,783,811</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
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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
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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, 2024 AND 2023**

NOTE 8 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter dated November 29, 2024 received from the IRS on the preapproved plan indicating that the Plan is qualified under Section 403(b) of the IRC and is therefore not subject to tax under current income tax law.

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 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 2024 by paying in lost earnings. The rest of the participating employers will correct the prohibited transaction by depositing the lost earnings during 2025.

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
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DECEMBER 31, 2024 AND 2023**

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per Financial Statements	\$ 1,284,021,045	\$ 1,065,508,171
Less: Deemed Participant Loans	(257,316)	-
Net Assets Available for Benefits per Form 5500	<u>\$ 1,283,763,729</u>	<u>\$ 1,065,508,171</u>

The following is a reconciliation of the net increase per the financial statements to Form 5500 for the year ended December 31, 2024:

	<u>2024</u>	<u>2023</u>
Net Increase per Financial Statements	\$ 218,512,874	\$ 176,523,115
Less: Deemed Participant Loans	(240,948)	-
Less: Deemed Loan Interest	(16,368)	-
Net Increase per Form 5500	<u>\$ 218,255,558</u>	<u>\$ 176,523,115</u>

Delinquent loans are considered deemed distributions for tax purposes, however the note has not been removed from the participant's account, as their balance will remain on the financial statements until a distributable event occurs.

Additionally, 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
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SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2024**

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	
<p style="text-align: center;">2024</p> Check here if Late Participant Loan Repayments are Included <input type="checkbox"/> Yes	\$ 16,629	\$ 206,576	\$ -	\$ -
<p style="text-align: center;">2023</p> Check here if Late Participant Loan Repayments are Included <input type="checkbox"/> Yes	\$ -	\$ 77,074	\$ -	\$ -

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, 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		\$29,068,191
*	TIAA	TIAA Traditional Non Benefit Responsive		172,793,618
*	TIAA	TIAA Traditional Benefit Responsive 2		45,235,364
*	TIAA	TIAA Traditional Non Benefit Responsive 2		16,023,778
*	CREF	CREF Stock R2		144,332,879
*	CREF	CREF Money Market R2		8,644,621
*	CREF	CREF Social Choice R2		21,754,886
*	CREF	CREF Global Equities R2		39,824,166
*	CREF	CREF Growth R2		51,476,208
*	CREF	CREF Equity Index R2		32,900,881
*	CREF	CREF Inflation-Linked Bond R2		6,858,361
*	TIAA	TIAA Real Estate		18,912,124
*	TIAA	TIAA Access Nuv Core Pl Bd T4		275,911
*	TIAA	TIAA Access Nuv Equity Idx T4		259,925
*	TIAA	TIAA Access Nuv Core Equity T4		615,793
*	TIAA	TIAA Access Nuv Intl Equity T4		1,155,350
*	TIAA	TIAA Access Nuv LfCy Rt Inc T4		185,373
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4		843,186
*	TIAA	TIAA Access Nuv Lrg Cap Val T4		1,442,004
*	TIAA	TIAA Access Nuv LifCyc 2010 T4		8,016
*	TIAA	TIAA Access Nuv LifCyc 2015 T4		29,501
*	TIAA	TIAA Access Nuv LifCyc 2020 T4		246,304
*	TIAA	TIAA Access Nuv LifCyc 2025 T4		1,185,967
*	TIAA	TIAA Access Nuv LifCyc 2030 T4		1,853,107
*	TIAA	TIAA Access Nuv LifCyc 2035 T4		922,737
*	TIAA	TIAA Access Nuv LifCyc 2040 T4		1,047,638
*	TIAA	TIAA Access Nuv LifCyc 2045 T4		1,033,303
*	TIAA	TIAA Access Nuv LifCyc 2050 T4		786,872
*	TIAA	TIAA Access Nuv Mid Cap Grw T4		323,817
*	TIAA	TIAA Access Nuv Mid Cap Val T4		684,600
*	TIAA	TIAA Access Nuv RIEstSecSel T4		429,876
*	TIAA	TIAA Access Nuv Sm Cp Bl lx T4		402,656
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4		665,405
*	TIAA	TIAA Access Nuv LgCp Res Eq T4		189,494
*	CREF	CREF Core Bond R2		14,144,615
*	TIAA Trust, N.A	American EuroPac Growth R6		34,011,724
*	TIAA Trust, N.A	DFA Emerging Mark CorEqPort I		1,340,664
*	TIAA Trust, N.A	Vanguard Treasury MoneyMkt Inv		6,171,732
*	TIAA Trust, N.A	Vanguard Ttl Intl Stk Idx Inst		59,287,576
*	TIAA Trust, N.A	Vanguard Ttl Bd Mkt Idx Inst		62,375,734

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	TIAA	TIAA Access Nuv LifCyc 2055 T4		\$86,761
*	TIAA	TIAA Access Nuv LifCyc 2060 T4		186,069
*	TIAA	TIAA Access Nuv LifCyc 2055 T4		8,974
*	CREF	CREF Core Bond R2		1,306,867
*	TIAA Trust, N.A	American Cent MdCpVa Fd Cla R6		13,310,920
*	TIAA	TIAA Access Nuv LifCyc 2060 T4		6,583
*	CREF	CREF Global Equities R2		2,070,255
*	TIAA	Baird Core Plus Bond Fund Inst		53,147,317
*	CREF	CREF Inflation-Linked Bond R2		684,144
*	CREF	CREF Social Choice R2		412,480
*	TIAA Trust, N.A	Cohen & Steers Real Est Sec Z		1,815,687
*	CREF	CREF Equity Index R2		2,274,580
*	CREF	CREF Growth R2		6,598,626
*	CREF	CREF Money Market R2		2,456,118
*	CREF	CREF Stock R2		5,214,067
*	TIAA Trust, N.A	MFS Growth Fund Class R6		33,540,180
*	TIAA Trust, N.A	MFS New Discovery Value Fd R6		10,739,171
*	TIAA Trust, N.A	Putnam Large Cap Value Fund R6		34,603,224
*	TIAA	TIAA Access Nuv LifCyc 2055 T4		149,138
*	TIAA Trust, N.A	Delaware Ivy Mid Cap Growth R6		12,725,968
*	TIAA Trust, N.A	Vanguard Total St Mk Ix In Pl		139,255,645
*	TIAA Trust, N.A	Impax Sustain Allocation Instl		98,450
*	TIAA Trust, N.A	Putnam Small Cap Growth R6		9,310,404
*	TIAA	TIAA-CREF Self Directed Acct		1,074,495
*	TIAA	TIAA Traditional Benefit Responsive		6,838,844
*	TIAA	TIAA Traditional Non Benefit Responsive		33,633,122
*	TIAA	TIAA Traditional Benefit Responsive 2		8,273,504
*	TIAA	TIAA Traditional Non Benefit Responsive 2		81,686
*	TIAA	Plan Loan Default Fund		71,562
*	CREF	CREF Stock R2		21,580,649
*	CREF	CREF Money Market R2		872,674
*	CREF	CREF Social Choice R2		7,694,877
*	CREF	CREF Global Equities R2		1,997,332
*	CREF	CREF Growth R2		6,008,427
*	CREF	CREF Equity Index R2		3,117,469
*	CREF	CREF Inflation-Linked Bond R2		1,341,951
*	TIAA	TIAA Real Estate		3,705,732
*	CREF	CREF Core Bond R2		514,825
*	TIAA Trust, N.A	American EuroPac Growth R6		5,281,641
*	TIAA Trust, N.A	DFA Emerging Mark CorEqPort I		65,397

**SECTION 403(B) DEFINED CONTRIBUTION PLAN FOR
TAX-EXEMPT COLLEGES AND UNIVERSITIES IN VIRGINIA
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	TIAA Trust, N.A	Vanguard Treasury MoneyMkt Inv		\$374,438
*	TIAA Trust, N.A	Vanguard Inst Idx Inst		2,102
*	TIAA Trust, N.A	Vanguard Ttl Intl Stk Idx Inst		7,084,663
*	TIAA Trust, N.A	Vanguard Ttl Bd Mkt Idx Inst		7,348,915
*	TIAA Trust, N.A	American Cent MdCpVa Fd Cla R6		1,888,547
*	TIAA Trust, N.A	Baird Core Plus Bond Fund Inst		6,655,573
*	TIAA Trust, N.A	Cohen & Steers Real Est Sec Z		33,888
*	TIAA Trust, N.A	MFS Growth Fund Class R6		5,702,685
*	TIAA Trust, N.A	MFS New Discovery Value Fd R6		1,437,693
*	TIAA Trust, N.A	Putnam Large Cap Value Fund R6		5,361,652
*	TIAA Trust, N.A	Delaware Ivy Mid Cap Growth R6		1,964,370
*	TIAA Trust, N.A	Vanguard Total St Mk Ix In Pl		13,097,277
*	TIAA Trust, N.A	Impax Sustain Allocation Instl		42,541
*	TIAA Trust, N.A	Putnam Small Cap Growth R6		1,608,347
*	FIDELITY	FID PURITAN		8
*	FIDELITY	FID GNMA		8,744
*	FIDELITY	FID MAGELLAN		154,032
*	FIDELITY	FID CONTRAFUND		123,486
*	FIDELITY	FID EQUITY INC		87,000
*	FIDELITY	FID GROWTH COMPANY		11,412
*	FIDELITY	FID GROWTH & INC		15,660
*	FIDELITY	FID SEL BIOTECH		669
*	FIDELITY	FID GOV CASH RESERVE		92
*	FIDELITY	FID SEL HEALTHCARE		29,390
*	FIDELITY	FID OTC PORTFOLIO		59,799
*	FIDELITY	FID OVERSEAS		3,675
*	FIDELITY	FID CAPITAL APPREC		148
*	FIDELITY	FID BLUE CHIP GR		322,044
*	FIDELITY	FID ASSET MGR 50%		17,640
*	FIDELITY	FID DISCIPLND EQTY		152,645
*	FIDELITY	FID FOCUSED STOCK		338
*	FIDELITY	FID INTL CAP APPREC		109,785
*	FIDELITY	FID LARGE CAP STOCK		4,872
*	FIDELITY	FID EMERGING ASIA		146
*	FIDELITY	FID HIGH INCOME		559
*	FIDELITY	FID GOVT MMKT		21,243
*	FIDELITY	FID SEL BANKING		6,933
*	FIDELITY	FID MID CAP VALUE		2,976
*	FIDELITY	FID NASDAQ COMP INDX		3,177
*	FIDELITY	FID SMALL CAP VALUE		1,180

**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, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	FIDELITY	FID INTL GROWTH		\$ 1,393
*	FIDELITY	FID CORPORATE BOND		514
*	FIDELITY	FID US BOND IDX		2,348
*	FIDELITY	FID 500 INDEX		1,429,003
*	FIDELITY	FID MID CAP IDX		6,359
*	FIDELITY	FID SM CAP IDX		5,745
*	FIDELITY	FID INTL SUSTN IDX		46,769
*	FIDELITY	FID FREEDOM 2025 K		40,986
*	FIDELITY	FID FREEDOM 2035 K		196,164
*	FIDELITY	FID FREEDOM 2040 K		8,772
*	FIDELITY	FID FREEDOM 2045 K		117,721
*	FIDELITY	FID FREEDOM 2050 K		37,983
*	FIDELITY	FID FREEDOM 2055 K		1,117
*	FIDELITY	FID FIDELITY FUND		34,888
*	FIDELITY	FID PURITAN		366,475
*	FIDELITY	FID TREND		1,734
*	FIDELITY	FID SEL TEC HARDWARE		48,869
*	FIDELITY	FID SEL SEMICONDUCT		350,175
*	FIDELITY	FID SEL CONS STAPLES		2,600
*	FIDELITY	FID VALUE STRAT		76,343
*	FIDELITY	FID GNMA		3,567
*	FIDELITY	FID MAGELLAN		540,938
*	FIDELITY	FID CONTRAFUND		754,126
*	FIDELITY	FID EQUITY INC		195,481
*	FIDELITY	FID GROWTH COMPANY		578,924
*	FIDELITY	FID INVST GR BD		110
*	FIDELITY	FID GROWTH & INC		294,612
*	FIDELITY	FID SEL SOFTWARE		513,922
*	FIDELITY	FID INTERMED BOND		2,011
*	FIDELITY	FID CAPITAL & INCOME		150,611
*	FIDELITY	FID VALUE		94,955
*	FIDELITY	FID SEL GOLD		44,144
*	FIDELITY	FID SEL BIOTECH		62,899
*	FIDELITY	FIDELITY GOVT INCOME		6,918
*	FIDELITY	FID SEL ENERGY		75,406
*	FIDELITY	FID SEL HEALTHCARE		61,545
*	FIDELITY	FID SEL TECHNOLOGY		182,561
*	FIDELITY	FID SEL UTILITIES		96,298
*	FIDELITY	FID SEL DEFENSE		65,978
*	FIDELITY	FID SEL CHEMICALS		3,670

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	FIDELITY	FID OTC PORTFOLIO		\$ 147,184
*	FIDELITY	FID OVERSEAS		10,614
*	FIDELITY	FID SEL TELECOMM		3,549
*	FIDELITY	FID LEVERGD CO STK		86,666
*	FIDELITY	FID NEW MILLEN		220,317
*	FIDELITY	FID EUROPE		15,012
*	FIDELITY	FID REAL ESTATE INVS		985
*	FIDELITY	FID BALANCED		170,698
*	FIDELITY	FID CAPITAL APPREC		6,386
*	FIDELITY	FID TELECOM & UTIL		6,895
*	FIDELITY	FID BLUE CHIP GR		580,998
*	FIDELITY	FID LOW PRICED STK		420,396
*	FIDELITY	FID EQ DIV INCOME		5,557
*	FIDELITY	FID ASSET MGR 70%		139,483
*	FIDELITY	FID EMERGING MKTS		3,503
*	FIDELITY	FID GROWTH STRAT		5,140
*	FIDELITY	FID DIVERSIFD INTL		108,840
*	FIDELITY	FID ASSET MGR 20%		9,741
*	FIDELITY	FID DIVIDEND GR		41,299
*	FIDELITY	FID MID CAP STOCK		15,234
*	FIDELITY	FID GROWTH DISC		37,631
*	FIDELITY	FID SMALL CAP STOCK		60,956
*	FIDELITY	FID ASSET MGR 85%		259,973
*	FIDELITY	FID EMERGING ASIA		1,751
*	FIDELITY	FID CHINA REGION		36,889
*	FIDELITY	FID SEL ENT TECH SVC		5,318
*	FIDELITY	FID SEL MED TECH&DV		364,010
*	FIDELITY	FID MULTI ASSET IDX		2,617
*	FIDELITY	FID TREASURY ONLY MM		785
*	FIDELITY	FID SHORT TERM BOND		3,304
*	FIDELITY	FID INTM GOVT INCOME		5,590
*	FIDELITY	FID HIGH INCOME		3,177
*	FIDELITY	FID GOVT MMKT		65,896
*	FIDELITY	FID SEL AUTOMOTIVE		36,826
*	FIDELITY	FID SEL BANKING		9,927
*	FIDELITY	FID SEL MATERIALS		288
*	FIDELITY	FID SEL TRANSPORT		2,583
*	FIDELITY	FID NATURAL RES		17,271
*	FIDELITY	FID SEL PHARMACEUTCL		8,126
*	FIDELITY	FID LTD TERM GOVT		2,392

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	FIDELITY	FID STKSEL LGCAP VAL	\$	15,905
*	FIDELITY	FID MID CAP VALUE		6,264
*	FIDELITY	FID FLOAT RT HI INC		35,911
*	FIDELITY	FID INTL SMALL CAP		76,193
*	FIDELITY	FID SEL WIRELESS		5,388
*	FIDELITY	FID NASDAQ COMP INDX		8,327
*	FIDELITY	FID SMALL CAP GROWTH		4,493
*	FIDELITY	FID SMALL CAP VALUE		3,419
*	FIDELITY	FID INTL SM CAP OPP		17,008
*	FIDELITY	FID STRAT REAL RET		14,097
*	FIDELITY	FID GLB COMDTY STK		42,130
*	FIDELITY	FID US BOND IDX		27,337
*	FIDELITY	FID 500 INDEX		303,932
*	FIDELITY	FID SM CAP IDX		5,672
*	FIDELITY	FID TOTAL MKT IDX		5,853
*	FIDELITY	FID INTL INDEX		34,477
*	FIDELITY	FID EXTD MKT IDX		5,396
*	FIDELITY	FID GOVT MMRK PRM		115,914
*	FIDELITY	FID FREEDOM INC K		240
*	FIDELITY	FID FREEDOM 2015 K		6,269
*	FIDELITY	FID FREEDOM 2020 K		894
*	FIDELITY	FID FREEDOM 2025 K		17,350
*	FIDELITY	FID FREEDOM 2030 K		249,008
*	FIDELITY	FID FREEDOM 2035 K		46,692
*	FIDELITY	FID FREEDOM 2040 K		392,523
*	FIDELITY	FID FREEDOM 2045 K		90,817
*	FIDELITY	FID FREEDOM 2050 K		166,988
*	FIDELITY	FID FREEDOM 2055 K		27,514
*	FIDELITY	FID FREEDOM 2060 K		6,016
*	FIDELITY	FID INTM TR BD IDX		411
*	FIDELITY	FID LT TR BD IDX		365,367
*	FIDELITY	FID STRATEGIC INCOME		8,952
*	INVESCO	INVESCO CASH RESERVE SHARES		16,940
*	INVESCO	INVESCO CHARTER FUND - CLASS A		7,874
*	VALIC	ARIEL FUND		14,131
*	VALIC	ASSET ALLOCATION FUND		8,624
*	VALIC	CORE BOND FUND		815
*	VALIC	EMERGING ECONOMIES		12,000
*	VALIC	FIXED ACCOUNT PLUS		158,542
*	VALIC	GOVERNMENT SECURITIES FUND		3,078

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	VALIC	GROWTH FUND	\$	22,870
*	VALIC	GS VIT GOV MONEY MKT FD INST		1,024
*	VALIC	LARGE CAPITAL GROWTH		29,720
*	VALIC	MID CAP INDEX FUND		15,639
*	VALIC	MID CAP STRATEGIC GWTH		37,597
*	VALIC	MODERATE GROWTH LIFESTYLE		14,733
*	VALIC	SCIENCE & TECHNOLOGY FUND		9,453
*	VALIC	SHORT TERM FIXED ACCOUNT		832
*	VALIC	SMALL CAP GROWTH FUND		24,554
*	VALIC	SMALL CAP INDEX FUND		13,956
*	VALIC	SMALL CAP VALUE FUND		14,295
*	VALIC	STOCK INDEX FUND		47,488
*	VALIC	VANGUARD LIFESTRATEGY GROWTH		352,260
*	VALIC	VANGUARD LT INV-GRADE FUND		1,437
*	VALIC	VANGUARD WINDSOR II		41,883
*	LINCOLN	AMERICAN FUNDS GROWTH		5,689
*	LINCOLN	FIXED ACCOUNT		10,271
*	LINCOLN	LVIP DIMENSIONAL U.S. CORE EQUITY 1		4,624
*	VANGUARD	Vanguard Dividend Growth Inv		357,262
*	VANGUARD	Vanguard 500 Index Adm		1,126,026
*	VANGUARD	Vanguard Interm-Term Invst Grade Adm		63,279
*	VANGUARD	Vanguard Short-Term Invest Grade Adm		67,954
*	VANGUARD	Vanguard Health Care Adm		329,692
*	VANGUARD	Vanguard Growth Index Adm		96,435
*	VANGUARD	Vanguard Mid Cap Index Adm		92,478
*	VANGUARD	Vanguard Federal Money Market Inv		267,699
*	VANGUARD	Vanguard Cash Reserves Federal MM Adm		2,906
*	VANGUARD	(CL) Vanguard PrimeCap Admiral		399,799
*	VANGUARD	Vanguard Small-Cap Index Adm		8,959
*	VANGUARD	Vanguard Value Index Adm		15,659
*	VANGUARD	Vanguard International Growth Adm		124,678
*	VOYA	American Funds EuroPacific R4		436
*	VOYA	Fidelity VIP Contrafund Pt I		1,015
*	VOYA	Fidelity VIP Growth Port I		5,566
*	VOYA	Inv Dev Mrkts Fd A		360
*	VOYA	Invesco VI Core Eqty Fund SI		937
*	VOYA	Lord Abbett Srs Fd MC St Pt VC		1,189
*	VOYA	PIMCO VIT Real Return Port Adm		441
*	VOYA	Templeton Global Bond Fund A		382
*	VOYA	VY TRwPr Divr MdCp Gr Pt I		2,345

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	VOYA	Voya Glo Hi Div Low Vol Prtf I		\$ 3,864
*	VOYA	Voya Growth and Income Port I		5,420
*	VOYA	Voya Large Cap Value Port Ins		6,869
*	VOYA	Voya Mid Cap Opport Port I		265
*	VOYA	Voya Small Company Port I		1,344
*	TIAA	Plan Loan Default Fund		88,769
	Participants	Participant Loans Rates from 4.25% to 9.50%	-	<u>2,267,954</u>
				<u><u>1,283,385,625</u></u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts



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**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, 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		\$29,068,191
*	TIAA	TIAA Traditional Non Benefit Responsive		172,793,618
*	TIAA	TIAA Traditional Benefit Responsive 2		45,235,364
*	TIAA	TIAA Traditional Non Benefit Responsive 2		16,023,778
*	CREF	CREF Stock R2		144,332,879
*	CREF	CREF Money Market R2		8,644,621
*	CREF	CREF Social Choice R2		21,754,886
*	CREF	CREF Global Equities R2		39,824,166
*	CREF	CREF Growth R2		51,476,208
*	CREF	CREF Equity Index R2		32,900,881
*	CREF	CREF Inflation-Linked Bond R2		6,858,361
*	TIAA	TIAA Real Estate		18,912,124
*	TIAA	TIAA Access Nuv Core Pl Bd T4		275,911
*	TIAA	TIAA Access Nuv Equity Idx T4		259,925
*	TIAA	TIAA Access Nuv Core Equity T4		615,793
*	TIAA	TIAA Access Nuv Intl Equity T4		1,155,350
*	TIAA	TIAA Access Nuv LfCy Rt Inc T4		185,373
*	TIAA	TIAA Access Nuv Lrg Cap Gr T4		843,186
*	TIAA	TIAA Access Nuv Lrg Cap Val T4		1,442,004
*	TIAA	TIAA Access Nuv LifCyc 2010 T4		8,016
*	TIAA	TIAA Access Nuv LifCyc 2015 T4		29,501
*	TIAA	TIAA Access Nuv LifCyc 2020 T4		246,304
*	TIAA	TIAA Access Nuv LifCyc 2025 T4		1,185,967
*	TIAA	TIAA Access Nuv LifCyc 2030 T4		1,853,107
*	TIAA	TIAA Access Nuv LifCyc 2035 T4		922,737
*	TIAA	TIAA Access Nuv LifCyc 2040 T4		1,047,638
*	TIAA	TIAA Access Nuv LifCyc 2045 T4		1,033,303
*	TIAA	TIAA Access Nuv LifCyc 2050 T4		786,872
*	TIAA	TIAA Access Nuv Mid Cap Grw T4		323,817
*	TIAA	TIAA Access Nuv Mid Cap Val T4		684,600
*	TIAA	TIAA Access Nuv RIEstSecSel T4		429,876
*	TIAA	TIAA Access Nuv Sm Cp Bl lx T4		402,656
*	TIAA	TIAA Access Nuv Qt Sm Cp Eq T4		665,405
*	TIAA	TIAA Access Nuv LgCp Res Eq T4		189,494
*	CREF	CREF Core Bond R2		14,144,615
*	TIAA Trust, N.A	American EuroPac Growth R6		34,011,724
*	TIAA Trust, N.A	DFA Emerging Mark CorEqPort I		1,340,664
*	TIAA Trust, N.A	Vanguard Treasury MoneyMkt Inv		6,171,732
*	TIAA Trust, N.A	Vanguard Ttl Intl Stk Idx Inst		59,287,576
*	TIAA Trust, N.A	Vanguard Ttl Bd Mkt Idx Inst		62,375,734

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	TIAA	TIAA Access Nuv LifCyc 2055 T4		\$86,761
*	TIAA	TIAA Access Nuv LifCyc 2060 T4		186,069
*	TIAA	TIAA Access Nuv LifCyc 2055 T4		8,974
*	CREF	CREF Core Bond R2		1,306,867
*	TIAA Trust, N.A	American Cent MdCpVa Fd Cla R6		13,310,920
*	TIAA	TIAA Access Nuv LifCyc 2060 T4		6,583
*	CREF	CREF Global Equities R2		2,070,255
*	TIAA	Baird Core Plus Bond Fund Inst		53,147,317
*	CREF	CREF Inflation-Linked Bond R2		684,144
*	CREF	CREF Social Choice R2		412,480
*	TIAA Trust, N.A	Cohen & Steers Real Est Sec Z		1,815,687
*	CREF	CREF Equity Index R2		2,274,580
*	CREF	CREF Growth R2		6,598,626
*	CREF	CREF Money Market R2		2,456,118
*	CREF	CREF Stock R2		5,214,067
*	TIAA Trust, N.A	MFS Growth Fund Class R6		33,540,180
*	TIAA Trust, N.A	MFS New Discovery Value Fd R6		10,739,171
*	TIAA Trust, N.A	Putnam Large Cap Value Fund R6		34,603,224
*	TIAA	TIAA Access Nuv LifCyc 2055 T4		149,138
*	TIAA Trust, N.A	Delaware Ivy Mid Cap Growth R6		12,725,968
*	TIAA Trust, N.A	Vanguard Total St Mk Ix In Pl		139,255,645
*	TIAA Trust, N.A	Impax Sustain Allocation Instl		98,450
*	TIAA Trust, N.A	Putnam Small Cap Growth R6		9,310,404
*	TIAA	TIAA-CREF Self Directed Acct		1,074,495
*	TIAA	TIAA Traditional Benefit Responsive		6,838,844
*	TIAA	TIAA Traditional Non Benefit Responsive		33,633,122
*	TIAA	TIAA Traditional Benefit Responsive 2		8,273,504
*	TIAA	TIAA Traditional Non Benefit Responsive 2		81,686
*	TIAA	Plan Loan Default Fund		71,562
*	CREF	CREF Stock R2		21,580,649
*	CREF	CREF Money Market R2		872,674
*	CREF	CREF Social Choice R2		7,694,877
*	CREF	CREF Global Equities R2		1,997,332
*	CREF	CREF Growth R2		6,008,427
*	CREF	CREF Equity Index R2		3,117,469
*	CREF	CREF Inflation-Linked Bond R2		1,341,951
*	TIAA	TIAA Real Estate		3,705,732
*	CREF	CREF Core Bond R2		514,825
*	TIAA Trust, N.A	American EuroPac Growth R6		5,281,641
*	TIAA Trust, N.A	DFA Emerging Mark CorEqPort I		65,397

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	TIAA Trust, N.A	Vanguard Treasury MoneyMkt Inv		\$374,438
*	TIAA Trust, N.A	Vanguard Inst Idx Inst		2,102
*	TIAA Trust, N.A	Vanguard Ttl Intl Stk Idx Inst		7,084,663
*	TIAA Trust, N.A	Vanguard Ttl Bd Mkt Idx Inst		7,348,915
*	TIAA Trust, N.A	American Cent MdCpVa Fd Cla R6		1,888,547
*	TIAA Trust, N.A	Baird Core Plus Bond Fund Inst		6,655,573
*	TIAA Trust, N.A	Cohen & Steers Real Est Sec Z		33,888
*	TIAA Trust, N.A	MFS Growth Fund Class R6		5,702,685
*	TIAA Trust, N.A	MFS New Discovery Value Fd R6		1,437,693
*	TIAA Trust, N.A	Putnam Large Cap Value Fund R6		5,361,652
*	TIAA Trust, N.A	Delaware Ivy Mid Cap Growth R6		1,964,370
*	TIAA Trust, N.A	Vanguard Total St Mk Ix In Pl		13,097,277
*	TIAA Trust, N.A	Impax Sustain Allocation Instl		42,541
*	TIAA Trust, N.A	Putnam Small Cap Growth R6		1,608,347
*	FIDELITY	FID PURITAN		8
*	FIDELITY	FID GNMA		8,744
*	FIDELITY	FID MAGELLAN		154,032
*	FIDELITY	FID CONTRAFUND		123,486
*	FIDELITY	FID EQUITY INC		87,000
*	FIDELITY	FID GROWTH COMPANY		11,412
*	FIDELITY	FID GROWTH & INC		15,660
*	FIDELITY	FID SEL BIOTECH		669
*	FIDELITY	FID GOV CASH RESERVE		92
*	FIDELITY	FID SEL HEALTHCARE		29,390
*	FIDELITY	FID OTC PORTFOLIO		59,799
*	FIDELITY	FID OVERSEAS		3,675
*	FIDELITY	FID CAPITAL APPREC		148
*	FIDELITY	FID BLUE CHIP GR		322,044
*	FIDELITY	FID ASSET MGR 50%		17,640
*	FIDELITY	FID DISCIPLND EQTY		152,645
*	FIDELITY	FID FOCUSED STOCK		338
*	FIDELITY	FID INTL CAP APPREC		109,785
*	FIDELITY	FID LARGE CAP STOCK		4,872
*	FIDELITY	FID EMERGING ASIA		146
*	FIDELITY	FID HIGH INCOME		559
*	FIDELITY	FID GOVT MMKT		21,243
*	FIDELITY	FID SEL BANKING		6,933
*	FIDELITY	FID MID CAP VALUE		2,976
*	FIDELITY	FID NASDAQ COMP INDX		3,177
*	FIDELITY	FID SMALL CAP VALUE		1,180

**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, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
*	FIDELITY	FID INTL GROWTH		\$ 1,393
*	FIDELITY	FID CORPORATE BOND		514
*	FIDELITY	FID US BOND IDX		2,348
*	FIDELITY	FID 500 INDEX		1,429,003
*	FIDELITY	FID MID CAP IDX		6,359
*	FIDELITY	FID SM CAP IDX		5,745
*	FIDELITY	FID INTL SUSTN IDX		46,769
*	FIDELITY	FID FREEDOM 2025 K		40,986
*	FIDELITY	FID FREEDOM 2035 K		196,164
*	FIDELITY	FID FREEDOM 2040 K		8,772
*	FIDELITY	FID FREEDOM 2045 K		117,721
*	FIDELITY	FID FREEDOM 2050 K		37,983
*	FIDELITY	FID FREEDOM 2055 K		1,117
*	FIDELITY	FID FIDELITY FUND		34,888
*	FIDELITY	FID PURITAN		366,475
*	FIDELITY	FID TREND		1,734
*	FIDELITY	FID SEL TEC HARDWARE		48,869
*	FIDELITY	FID SEL SEMICONDUCT		350,175
*	FIDELITY	FID SEL CONS STAPLES		2,600
*	FIDELITY	FID VALUE STRAT		76,343
*	FIDELITY	FID GNMA		3,567
*	FIDELITY	FID MAGELLAN		540,938
*	FIDELITY	FID CONTRAFUND		754,126
*	FIDELITY	FID EQUITY INC		195,481
*	FIDELITY	FID GROWTH COMPANY		578,924
*	FIDELITY	FID INVST GR BD		110
*	FIDELITY	FID GROWTH & INC		294,612
*	FIDELITY	FID SEL SOFTWARE		513,922
*	FIDELITY	FID INTERMED BOND		2,011
*	FIDELITY	FID CAPITAL & INCOME		150,611
*	FIDELITY	FID VALUE		94,955
*	FIDELITY	FID SEL GOLD		44,144
*	FIDELITY	FID SEL BIOTECH		62,899
*	FIDELITY	FIDELITY GOVT INCOME		6,918
*	FIDELITY	FID SEL ENERGY		75,406
*	FIDELITY	FID SEL HEALTHCARE		61,545
*	FIDELITY	FID SEL TECHNOLOGY		182,561
*	FIDELITY	FID SEL UTILITIES		96,298
*	FIDELITY	FID SEL DEFENSE		65,978
*	FIDELITY	FID SEL CHEMICALS		3,670

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	FIDELITY	FID OTC PORTFOLIO		\$ 147,184
*	FIDELITY	FID OVERSEAS		10,614
*	FIDELITY	FID SEL TELECOMM		3,549
*	FIDELITY	FID LEVERGD CO STK		86,666
*	FIDELITY	FID NEW MILLEN		220,317
*	FIDELITY	FID EUROPE		15,012
*	FIDELITY	FID REAL ESTATE INVS		985
*	FIDELITY	FID BALANCED		170,698
*	FIDELITY	FID CAPITAL APPREC		6,386
*	FIDELITY	FID TELECOM & UTIL		6,895
*	FIDELITY	FID BLUE CHIP GR		580,998
*	FIDELITY	FID LOW PRICED STK		420,396
*	FIDELITY	FID EQ DIV INCOME		5,557
*	FIDELITY	FID ASSET MGR 70%		139,483
*	FIDELITY	FID EMERGING MKTS		3,503
*	FIDELITY	FID GROWTH STRAT		5,140
*	FIDELITY	FID DIVERSIFD INTL		108,840
*	FIDELITY	FID ASSET MGR 20%		9,741
*	FIDELITY	FID DIVIDEND GR		41,299
*	FIDELITY	FID MID CAP STOCK		15,234
*	FIDELITY	FID GROWTH DISC		37,631
*	FIDELITY	FID SMALL CAP STOCK		60,956
*	FIDELITY	FID ASSET MGR 85%		259,973
*	FIDELITY	FID EMERGING ASIA		1,751
*	FIDELITY	FID CHINA REGION		36,889
*	FIDELITY	FID SEL ENT TECH SVC		5,318
*	FIDELITY	FID SEL MED TECH&DV		364,010
*	FIDELITY	FID MULTI ASSET IDX		2,617
*	FIDELITY	FID TREASURY ONLY MM		785
*	FIDELITY	FID SHORT TERM BOND		3,304
*	FIDELITY	FID INTM GOVT INCOME		5,590
*	FIDELITY	FID HIGH INCOME		3,177
*	FIDELITY	FID GOVT MMKT		65,896
*	FIDELITY	FID SEL AUTOMOTIVE		36,826
*	FIDELITY	FID SEL BANKING		9,927
*	FIDELITY	FID SEL MATERIALS		288
*	FIDELITY	FID SEL TRANSPORT		2,583
*	FIDELITY	FID NATURAL RES		17,271
*	FIDELITY	FID SEL PHARMACEUTCL		8,126
*	FIDELITY	FID LTD TERM GOVT		2,392

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	FIDELITY	FID STKSEL LGCAP VAL	\$	15,905
*	FIDELITY	FID MID CAP VALUE		6,264
*	FIDELITY	FID FLOAT RT HI INC		35,911
*	FIDELITY	FID INTL SMALL CAP		76,193
*	FIDELITY	FID SEL WIRELESS		5,388
*	FIDELITY	FID NASDAQ COMP INDX		8,327
*	FIDELITY	FID SMALL CAP GROWTH		4,493
*	FIDELITY	FID SMALL CAP VALUE		3,419
*	FIDELITY	FID INTL SM CAP OPP		17,008
*	FIDELITY	FID STRAT REAL RET		14,097
*	FIDELITY	FID GLB COMDTY STK		42,130
*	FIDELITY	FID US BOND IDX		27,337
*	FIDELITY	FID 500 INDEX		303,932
*	FIDELITY	FID SM CAP IDX		5,672
*	FIDELITY	FID TOTAL MKT IDX		5,853
*	FIDELITY	FID INTL INDEX		34,477
*	FIDELITY	FID EXTD MKT IDX		5,396
*	FIDELITY	FID GOVT MMRK PRM		115,914
*	FIDELITY	FID FREEDOM INC K		240
*	FIDELITY	FID FREEDOM 2015 K		6,269
*	FIDELITY	FID FREEDOM 2020 K		894
*	FIDELITY	FID FREEDOM 2025 K		17,350
*	FIDELITY	FID FREEDOM 2030 K		249,008
*	FIDELITY	FID FREEDOM 2035 K		46,692
*	FIDELITY	FID FREEDOM 2040 K		392,523
*	FIDELITY	FID FREEDOM 2045 K		90,817
*	FIDELITY	FID FREEDOM 2050 K		166,988
*	FIDELITY	FID FREEDOM 2055 K		27,514
*	FIDELITY	FID FREEDOM 2060 K		6,016
*	FIDELITY	FID INTM TR BD IDX		411
*	FIDELITY	FID LT TR BD IDX		365,367
*	FIDELITY	FID STRATEGIC INCOME		8,952
*	INVESCO	INVESCO CASH RESERVE SHARES		16,940
*	INVESCO	INVESCO CHARTER FUND - CLASS A		7,874
*	VALIC	ARIEL FUND		14,131
*	VALIC	ASSET ALLOCATION FUND		8,624
*	VALIC	CORE BOND FUND		815
*	VALIC	EMERGING ECONOMIES		12,000
*	VALIC	FIXED ACCOUNT PLUS		158,542
*	VALIC	GOVERNMENT SECURITIES FUND		3,078

**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, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
*	VALIC	GROWTH FUND	\$	22,870
*	VALIC	GS VIT GOV MONEY MKT FD INST		1,024
*	VALIC	LARGE CAPITAL GROWTH		29,720
*	VALIC	MID CAP INDEX FUND		15,639
*	VALIC	MID CAP STRATEGIC GWTH		37,597
*	VALIC	MODERATE GROWTH LIFESTYLE		14,733
*	VALIC	SCIENCE & TECHNOLOGY FUND		9,453
*	VALIC	SHORT TERM FIXED ACCOUNT		832
*	VALIC	SMALL CAP GROWTH FUND		24,554
*	VALIC	SMALL CAP INDEX FUND		13,956
*	VALIC	SMALL CAP VALUE FUND		14,295
*	VALIC	STOCK INDEX FUND		47,488
*	VALIC	VANGUARD LIFESTRATEGY GROWTH		352,260
*	VALIC	VANGUARD LT INV-GRADE FUND		1,437
*	VALIC	VANGUARD WINDSOR II		41,883
*	LINCOLN	AMERICAN FUNDS GROWTH		5,689
*	LINCOLN	FIXED ACCOUNT		10,271
*	LINCOLN	LVIP DIMENSIONAL U.S. CORE EQUITY 1		4,624
*	VANGUARD	Vanguard Dividend Growth Inv		357,262
*	VANGUARD	Vanguard 500 Index Adm		1,126,026
*	VANGUARD	Vanguard Interm-Term Invst Grade Adm		63,279
*	VANGUARD	Vanguard Short-Term Invest Grade Adm		67,954
*	VANGUARD	Vanguard Health Care Adm		329,692
*	VANGUARD	Vanguard Growth Index Adm		96,435
*	VANGUARD	Vanguard Mid Cap Index Adm		92,478
*	VANGUARD	Vanguard Federal Money Market Inv		267,699
*	VANGUARD	Vanguard Cash Reserves Federal MM Adm		2,906
*	VANGUARD	(CL) Vanguard PrimeCap Admiral		399,799
*	VANGUARD	Vanguard Small-Cap Index Adm		8,959
*	VANGUARD	Vanguard Value Index Adm		15,659
*	VANGUARD	Vanguard International Growth Adm		124,678
*	VOYA	American Funds EuroPacific R4		436
*	VOYA	Fidelity VIP Contrafund Pt I		1,015
*	VOYA	Fidelity VIP Growth Port I		5,566
*	VOYA	Inv Dev Mrkts Fd A		360
*	VOYA	Invesco VI Core Eqty Fund SI		937
*	VOYA	Lord Abbett Srs Fd MC St Pt VC		1,189
*	VOYA	PIMCO VIT Real Return Port Adm		441
*	VOYA	Templeton Global Bond Fund A		382
*	VOYA	VY TRwPr Divr MdCp Gr Pt I		2,345

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
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*	VOYA	Voya Glo Hi Div Low Vol Prtf I		\$ 3,864
*	VOYA	Voya Growth and Income Port I		5,420
*	VOYA	Voya Large Cap Value Port Ins		6,869
*	VOYA	Voya Mid Cap Opport Port I		265
*	VOYA	Voya Small Company Port I		1,344
*	TIAA	Plan Loan Default Fund		88,769
	Participants	Participant Loans Rates from 4.25% to 9.50%	-	<u>2,267,954</u>
				<u><u>1,283,385,625</u></u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts