Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2019

	Administration	the manach		00.	-	
Pension Benefit Guaranty Corporation				This Form is Open to Inspection	Public	
Part I		ntification Information				
For caler	ndar plan year 2019 or fiscal	plan year beginning 01/01/2019		and ending 12/31/2	2019	
A This r	return/report is for:	a multiemployer plan	_ participating er	loyer plan (Filers checking t mployer information in accor		
		a single-employer plan	a DFE (specify	· 		
B This r	return/report is:	the first return/report	the final return	•		
		an amended return/report		ar return/report (less than 1	· <u> </u>	
C If the	plan is a collectively-bargain	ned plan, check here	_			
D Chec	k box if filing under:	Form 5558	automatic exten	sion	the DFVC program	
		special extension (enter description)				
Part II	Basic Plan Informa	ation—enter all requested informatio	n			
	ne of plan				1b Three-digit plan number (PN) ▶	002
BRIGH	AM YOUNG UNIVERSITY F	HAWAII TAX-DEFERRED ANNUITY F	PLAN		1c Effective date of 09/05/1955	
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)					2b Employer Identif Number (EIN) 99-0083825	ication
BRIGHA	M YOUNG UNIVERSITY HA	WAII			2c Plan Sponsor's to number 808-675-37	
	IAL SERVICES #1955 KULANUI STREET 96762				2d Business code (instructions) 611000	see
Caution	: A penalty for the late or ir	ncomplete filing of this return/repor	t will be assessed i	unless reasonable cause i	is established.	
Under pe	enalties of perjury and other	penalties set forth in the instructions, I as the electronic version of this return	declare that I have	examined this return/report,	including accompanying so	
SIGN	Filed with authorized/valid e	electronic signature.	10/16/2020	NOEMI PADDOCK		
HERE	Signature of plan adminis		Date		signing as plan administrato	r
					g ac plan daminotidio	·
SIGN						
HERE	Signature of employer/pla	an sponsor	Date	Enter name of individual s	signing as employer or plan	sponsor
SIGN						

Date

HERE

Signature of DFE

Enter name of individual signing as DFE

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3a	Plan administrator's name and address X Same as Plan Sponsor				3b Adn	ninistrator's EIN
						ninistrator's telephone nber
4	If the name and/or EIN of the plan sponsor or the plan name has changed s enter the plan sponsor's name, EIN, the plan name and the plan number fro				4b EIN	I
a c	Sponsor's name Plan Name				4d PN	
5	Total number of participants at the beginning of the plan year				5	571
6	Number of participants as of the end of the plan year unless otherwise state 6a(2) , 6b , 6c , and 6d).	d (welfare pla	ins con	nplete only lines 6a(1),	3	371
а(1) Total number of active participants at the beginning of the plan year				6a(1)	543
a(2) Total number of active participants at the end of the plan year				6a(2)	592
b	Retired or separated participants receiving benefits				6b	0
С	Other retired or separated participants entitled to future benefits				6c	21
d	Subtotal. Add lines 6a(2), 6b, and 6c.				6d	613
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefit	S		6e	1
f	Total. Add lines 6d and 6e				6f	614
g	Number of participants with account balances as of the end of the plan year complete this item)				6g	33
h	Number of participants who terminated employment during the plan year wit less than 100% vested				6h	0
7	Enter the total number of employers obligated to contribute to the plan (only	multiemploye	er plans	s complete this item)	7	
b	If the plan provides pension benefits, enter the applicable pension feature of 2F 2L 2G 2M If the plan provides welfare benefits, enter the applicable welfare feature cool.	des from the I	_ist of I	Plan Characteristics Codes	s in the in	
уа	Plan funding arrangement (check all that apply) (1)	9b Plan b	enefit	arrangement (check all that Insurance	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) i	insurance	e contracts
	(3) X Trust	(3)	X	Trust		
	(4) General assets of the sponsor	(4)		General assets of the sp		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and	, where	e indicated, enter the numb	er attach	ed. (See instructions)
а	Pension Schedules	b Gene	ral Sc	hedules		
	(1) R (Retirement Plan Information)	(1)	X	H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)		I (Financial Inform	nation – S	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X	_1 A (Insurance Information	mation)	
	actuary	(4)	X	C (Service Provide	er Informa	ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	X	D (DFE/Participation	ng Plan I	nformation)
	Information) - signed by the plan actuary	(6)		G (Financial Trans	action So	chedules)

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Form 5500 (2019)

Receipt Confirmation Code_

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

		F					mspection
For calendar plan year 20°	19 or fiscal pla	n year beginning 01/01/2019		and en	ding 12/31/201	9	
A Name of plan BRIGHAM YOUNG UNIVERSITY HAWAII TAX-DEFERRED ANNUITY P			PLAN B		e-digit number (PN)	•	002
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500	D	Emplo	yer Identification	Number ((EIN)
BRIGHAM YOUNG UNIV	ERSITY HAW	AII		99-	0083825		
		rning Insurance Contract Lindividual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance car TIAA-CREF	rrier						
# N = W	(c) NAIC	(d) Contract or	(e) Approximate number		Po	olicy or co	ontract year
(b) EIN	b) EIN code identification number persons covered at end of policy or contract year			(f) From	1	(g) To	
13-1624203 69345		103641	33		01/01/2019		12/31/2019
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	al commissions paid. List in	line 3 t	the agents, broke	rs, and o	ther persons in
(a) Total a	mount of com	missions paid		(b) To	tal amount of fee	s paid	
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all pers	sons).			
	(a) Name a	and address of the agent, broker,	or other person to whom co	ommissi	ons or fees were	paid	
(b) Amount of sales an	d base	Fee	es and other commissions p	aid			
commissions paid		(c) Amount	(d) F	(d) Purpose		(e) Organization code	
	(a) Name a	and address of the agent, broker,	or other person to whom co	ommissi	ons or fees were	paid	
(b) Amount of sales an	d base	Fee	es and other commissions p	aid			
commissions pai		(c) Amount	(d) F	ourpose	9		(e) Organization code
							•

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
Fees and other commissions paid						
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(In) Assessment of a place and because		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base		·	Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(h) Amount of color and have		Fees and other commissions paid	(e) Organization			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			

_) 1	II Investment and Annuity Contract Information				
	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contracts wit	th each carrier may b	e treated	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		4	5195624
5	Cur	rent value of plan's interest under this contract in separate accounts at year e	nd		5	6173718
		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier		Γ	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 co				
	_	retention of the contract or policy, enter amount.			6d	
		Specify nature of costs		<u></u>	•	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	·		a armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, check	here •		
7	Cor	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separa	ate accounts)		
	а		ate participation gu			
		(3) X guaranteed investment (4) \(\bigcap \) other				
		(3) M guaranteed investment (4) Other 7				
	_			F		
	b	Balance at the end of the previous year			7b	5205662
	С	Additions: (1) Contributions deposited during the year			3226	
		(2) Dividends and credits	_ ` ′			
		(3) Interest credited during the year			173176	
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(O)T ()			7o(6)	470400
	اہ	(6)Total additions			7c(6)	176402
	_	Total of balance and additions (add lines 7b and 7c(6)).			7d	5382064
	е	Deductions:	- (4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		166755	
		(2) Administration charge made by carrier	7e(2)		100==	
		(3) Transferred to separate account	7e(3)		19685	
		(4) Other (specify below)	7e(4)			
		•				
		(-) -			7-(5)	
		(5) Total deductions			7e(5)	186440

5195624

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

P	art III	Welfare Benefit Contract Inform									
		If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual to the contract of the contract covers the same the information of the contract covers the same the information of the covers the contract covers the same the information of the covers the covers the covers the same the information of the covers the c	ting p	ourpo	ses if such c	ontracts ar	e exp	erience-rated as a un	it. Where c	ontract	ts cover individual
8	Benefit	and contract type (check all applicable boxes))								
	a ∏ ⊦	Health (other than dental or vision)	b	De	ental		С	Vision		d∏	Life insurance
		Temporary disability (accident and sickness)	f	_ Lo	ng-term disa	ability	g	Supplemental unem	nplovment	- =	Prescription drug
		Stop loss (large deductible)	i [_	IO contract	,	k [PPO contract		브	Indemnity contract
	_		J [ПК	/IO COMMaci			FFO contract		'⊔	indennity contract
	m 📙 (Other (specify)									
_											
9	•	nce-rated contracts:				0-1	4)			_	
		miums: (1) Amount received					_			_	
	` '	Increase (decrease) in amount due but unpaid								-	
		Increase (decrease) in unearned premium res							9a(4)	_	0
	_ ' '	enefit charges (1) Claims paid							3a(4)	_	V
		Increase (decrease) in claim reserves								\dashv	
	` '	Incurred claims (add (1) and (2))							9b(3)	_	0
		Claims charged							9b(4)	+	
	` '	emainder of premium: (1) Retention charges (c									
		(A) Commissions			,	9c(1)	(A)				
		(B) Administrative service or other fees				- (1)					
		(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.									
		(G) Other retention charges				9c(1)	(G)		1		
		(H) Total retention			_		_		9c(1)(H)	0
	(2)) Dividends or retroactive rate refunds. (These	e amo	ounts	were pai	d in cash,	or	credited.)	·· 9c(2)		
	d St	atus of policyholder reserves at end of year: (1	I) Am	nount	held to prov	ide benefits	s after	retirement	9d(1)		
	(2)) Claim reserves							9d(2)		
	` ') Other reserves							9d(3)		
		vidends or retroactive rate refunds due. (Do n	ot ind	clude	amount ente	ered in line	9c(2)	.)	9e		
10		xperience-rated contracts:									
	a To	otal premiums or subscription charges paid to o	carrie	er					<u>10a</u>	_	
	ret	the carrier, service, or other organization incur tention of the contract or policy, other than rep nature of costs.						•	10b		
	Specify	Tiature of costs.									
	art IV	Provision of Information	o atic:	n noo	occani to co	mploto Sol	nodul-		Yes	X No	
		e insurance company fail to provide any inforn				mpiete Sch	nedule	9 A?	162	^ IVC	<u>, </u>
12	If the	answer to line 11 is "Yes," specify the informat	ion n	ot pro	ovided.						

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019	and ending 12/31/2019	
Name of plan BRIGHAM YOUNG UNIVERSITY HAWAII TAX-DEFERRED ANNUITY PLAN	B Three-digit	002
BRIGHAM FOUNG UNIVERSITY HAVVAIL TAX-DEFERRED ANNUTTY PLAN	plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (I	EIN)
BRIGHAM YOUNG UNIVERSITY HAWAII	99-0083825	,
Part I Service Provider Information (see instructions)		
You must complete this Part, in accordance with the instructions, to report the information record more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received only eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of the	with services rendered to the plan or the plan or the plan received the required disclosure.	he person's position with the
1 Information on Persons Receiving Only Eligible Indirect Compensation	on	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this	, , ,	<u> </u>
indirect compensation for which the plan received the required disclosures (see instructions for	or definitions and conditions)	XYes No
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see instr	•	e providers who
(b) Enter name and EIN or address of person who provided you disc	losures on eligible indirect compensat	ion
TIAA		
13-1624203		
(b) Enter name and EIN or address of person who provided you disc	losures on eligible indirect compensat	ion
(b) Fater game and FIN an address of games who was ided you dis-		·
(b) Enter name and EIN or address of person who provided you disc	losures on eligible mallect compensati	ion
(b) Enter name and EIN or address of person who provided you disc	losures on eligible indirect compensat	ion

Schedule C (Form 5500) 2019	Page 2- 1
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(L) =	
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation
(b) Enter name and FINI and discount name of the months of the state o	vou diselectures en clivible indirect con
(b) Enter name and EIN or address of person who provided	you disclosures on eligible indirect compensation

Page	3	-	
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				r Indirect Compensation		
		value) in connection v	with services rendered to the	ne plan or their position with the		
			(a) Enter name and EIN o	r address (see instructions)		
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employer 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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Page	3 -	2

(i.e., mon	ey or anything else of	value) in connection v	with services rendered to the	ne plan or their position with the	plan during the plan year. (Se	ee instructions).
			(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employer 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	(h) Did the service provider give you a formula instead of an amount or estimated amount?
					answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	(c)	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service provider give you a
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest		receive indirect compensation? (sources other than plan or plan sponsor)	include eligible indirect compensation, for which the plan received the required disclosures?	compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compen or provides contract administrator, consulting, custodial, investment advisory, investment ma questions for (a) each source from whom the service provider received \$1,000 or more in ind provider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source.	nagement, broker, or recordkeepin lirect compensation and (b) each s	g services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility 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	formula used to determine	compensation, including any e the service provider's eligibility 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	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.

Bod II Comba B 11 18 5 1 5 1	Daniel I I I	not be		
Part II Service Providers Who Fail or Refuse to				
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		
	(I)			
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide		

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1

Pa	rt III T	ermination Information on Accountants and Enrolled Actuaries (see in	structions)			
		omplete as many entries as needed)				
а	Name:	PBTK	b EIN:	88-2065237		
С	Position:	AUDITOR				
d	Address:	7050 UNION PARK II, SUITE 140	e Telephone:	801-990-1120		
		MIDVALE, UT 84047				
EX	planation:	CHANGE IN AUDIT FIRMS.				
	Maria		b FINE			
a	Name:		b EIN:			
d d	Position: Address:		• Tolophono:			
u	Address.		e Telephone:			
Ex	planation:	·				
а	Name:		b EIN:			
С	Position:					
d	Address:		e Telephone:			
Ex	planation:					
			In many			
a	Name:		b EIN:			
d d	Position:		2 Talanhana			
u	Address:		e Telephone:			
Ex	planation:					
а	Name:		b EIN:			
С	Position:					
d	Address:		e Telephone:			
Ex	planation:					

SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

DFE/Participating Plan Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

				inspection.
For calendar plan year 2019 or fiscal p	olan year beginning	01/01/2019 and	l ending 12/31/	2019
A Name of plan			B Three-digit	
BRIGHAM YOUNG UNIVERSITY HA	WAII TAX-DEFERREI	O ANNUITY PLAN	plan number	(PN) • 002
				_
C Plan or DFE sponsor's name as sho	own on line 2a of Form	5500	D Employer Idea	ntification Number (EIN)
BRIGHAM YOUNG UNIVERSITY HA	WAII		99-0083825	
	·	Ts, PSAs, and 103-12 IEs (to be co	mpleted by plar	is and DFEs)
1 1		to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-	12 IE: TIAA REAL E	STATE		
b Name of sponsor of entity listed in	(a): TIAA-CREF			
	d Entity	e Dollar value of interest in MTIA, CCT, P	SA. or	
C EIN-PN 13-1624203-004	code	103-12 IE at end of year (see instruction		153407
a Name of MTIA, CCT, PSA, or 103-	10 IE:			
a Name of WITIA, CCT, F3A, of 103-	12 1L.			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, P	•	
O LINTIN	code	103-12 IE at end of year (see instruction	ns)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
h Name of an area of antito listed in	(-)·			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, P	SA, or	
C EIN-FIN	code	103-12 IE at end of year (see instruction	ns)	
a Name of MTIA, CCT, PSA, or 103-	12 IF·			
<u>u Name et Minik, een, i ezk, et 166</u>	1212.			
b Name of sponsor of entity listed in	(a):			
	al =	a B III II III III AATIA OOT B	0.4	
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, P 103-12 IE at end of year (see instructio		
		103-12 IE at end of year (see instruction	110)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
	d Entity	e Dollar value of interest in MTIA, CCT, P	SA. or	
C EIN-PN	code	103-12 IE at end of year (see instructio		
a Name of MTIA, CCT, PSA, or 103-	12 IF:			
	·= ·=·			<u> </u>
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, P		
	code	103-12 IE at end of year (see instructio	115)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity	Dollar value of interest in MTIA, CCT, P 103 13 IF at and of year (ass instruction)		
	code	103-12 IE at end of year (see instructio	115)	

Page	2	-	1

Schedule D (Form 5500) 20	019	Page 2 - 1				
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	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	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	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	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	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	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	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	b Name of sponsor of entity listed in (a):					
C EIN-PN	d Entity code	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	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	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IF at end of year (see instructions)				

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan na		
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name of		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN
а	Plan na	ne	
b	Name o		C EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

A Name of plan

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019

Financial Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

12/31/2019

Three-digit

and ending

В

BRIGHAM YOUNG UNIVERSITY HAWAII TAX-DEFERRED ANNUTTY F	LAN	plan numb	er (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Id	entification Number (EIN)
BRIGHAM YOUNG UNIVERSITY HAWAII		99-008		,
Part I Asset and Liability Statement				
1 Current value of plan assets and liabilities at the beginning and end of				
the value of the plan's interest in a commingled fund containing the ass lines 1c(9) through 1c(14). Do not enter the value of that portion of an				
benefit at a future date. Round off amounts to the nearest dollar. M	TIAs, CCTs, PSAs, and			
and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and	d 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End	of Year
a Total noninterest-bearing cash	1a			
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)			
(2) Participant contributions	1b(2)			
(3) Other	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certifica of deposit)	16(1)			
(2) U.S. Government securities	4 - (0)			
(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	4 (0)			
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)	16552	<u>?</u> 1	153407
(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., mutua	1c(13)	506669)7	6327954

1c(13)

1c(14)

1c(15)

(15) Other.....

funds).... (14) Value of funds held in insurance company general account (unallocated

contracts).....

5205662

5195624

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10437880	11676985
	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 through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	10437880	11676985

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
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	7191	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		7191
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	173176	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		173176
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

			(8	a) Am	ount		(b) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						8707
	(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)						1351949
С	Other income	2c						
d	Total income. Add all income amounts in column (b) and enter total	2d						1541023
	Expenses							
е	Benefit payment and payments to provide benefits:							
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			30	1918		
	(2) To insurance carriers for the provision of benefits	2e(2)						
	(3) Other	2e(3)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						301918
f	Corrective distributions (see instructions)	2f						001010
g		2g						
_	Interest expense	2h						
ï	Administrative expenses: (1) Professional fees	2i(1)						
•		2i(2)					4	
	(2) Contract administrator fees	2i(3)						
	(3) Investment advisory and management fees						_	
	(4) Other	2i(4)						
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)						0
J	Total expenses. Add all expense amounts in column (b) and enter total	2j						301918
	Net Income and Reconciliation	Ol-						
K	Net income (loss). Subtract line 2j from line 2d	2k						1239105
ı	Transfers of assets:	01/4)						
	(1) To this plan	21(1)						
	(2) From this plan	21(2)						
Pa	art III Accountant's Opinion							
	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	is attached to	this	Form 5	500. Co	mplete line 3d i	f an opinion is not
	The attached opinion of an independent qualified public accountant for this pla	n is (see ins	structions):					
	(1) Unmodified (2) Qualified (3) Disclaimer (4)	Adverse						
h	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103	<u>⊔</u> 3-8 and/or 1	03-12(d)?				X Yes	□ No
	Enter the name and EIN of the accountant (or accounting firm) below:	5 6 dila/61 1	00 12(u):				<u> </u>	
	(1) Name: BDO USA, LLP		(2) EIN:	13-4	538159	<u> </u>		
d	The opinion of an independent qualified public accountant is not attached bec	cause:	(=) = ii 1.	. 10%	200100			
			next Form 55	500 pı	ursuant	to 29 Cl	FR 2520.104-50	0.
Pa	art IV Compliance Questions							
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		e lines 4a, 4e	e, 4f, 4	4g, 4h,	4k, 4m,	4n, or 5.	
	During the plan year:				Yes	No	Ar	nount
а	Was there a failure to transmit to the plan any participant contributions within	n the time						
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any public fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction I	prior year fa		4a		Х		
b	Were any loans by the plan or fixed income obligations due the plan in defau	-		-				
	close of the plan year or classified during the year as uncollectible? Disrega secured by participant's account balance. (Attach Schedule G (Form 5500)	rd participa		Ale		X		
	checked.)			4b				

Schedule H (Form 5500) 2019	Page 4-	1
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			Yes	No	Amou	nt
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is					
	checked.)	4d		X		
е	Was this plan covered by a fidelity bond?	4e	X			1000000
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.)	411 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.)	4i 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		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	X	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea transferred. (See instructions.)	ntify t	he plan	(s) to v	hich assets or liabili	ties were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
			_			
	f the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section for "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan yet.		21.)?	🗍 Y		ot determined instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Retirement Plan Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

	Pension Ber	efit Guaranty Corporation			mspection.	
For	calendar	olan year 2019 or fiscal plan year beginning 01/01/2019 and ending	12/31/	2019		
A١	Name of pl		Three-digit			
BR	RIGHAM Y	DUNG UNIVERSITY HAWAII TAX-DEFERRED ANNUITY PLAN	plan numbe	er		
			(PN)	•	002	
CF	Plan spons	or's name as shown on line 2a of Form 5500	Employer Id	entifica	tion Number (EII	N)
BR	RIGHAM Y	DUNG UNIVERSITY HAWAII	99-0083825	5		
F	Part I	Distributions				
All	reference	s to distributions relate only to payments of benefits during the plan year.				
1	Total va	ue of distributions paid in property other than in cash or the forms of property specified in the				
•		INS				0
2	Enter the	EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the	vear (if mor	re than	two enter FINs	of the two
_		ho paid the greatest dollar amounts of benefits):	your (ii iiioi	o triair	two, onto Ento	51 1110 1110
	EIN(s):	13-1624203				
	, ,					
	Profit-si	paring plans, ESOPs, and stock bonus plans, skip line 3.				
3		of participants (living or deceased) whose benefits were distributed in a single sum, during the plan	3			1
	<u> </u>					
P	Part II	Funding Information (If the plan is not subject to the minimum funding requirements of sec	tion 412 of t	he Inte	rnal Revenue Co	ode or
		ERISA section 302, skip this Part.)	П	V	Пма	NI/A
4		n administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		Yes	☐ No	X N/A
	If the pla	n is a defined benefit plan, go to line 8.				
5		er of the minimum funding standard for a prior year is being amortized in this				
		r, see instructions and enter the date of the ruling letter granting the waiver. Date: Month		у		
		impleted line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainde	er o <u>f this sc</u>	hedule	9.	
6		the minimum required contribution for this plan year (include any prior year accumulated funding	6a			
	defic	iency not waived)				
	h Ento					
	b Ente	the amount contributed by the employer to the plan for this plan year	6b			
			6b			
	C Subt	the amount contributed by the employer to the plan for this plan year				
	c Subt	act the amount in line 6b from the amount in line 6a. Enter the result				
7	C Subt (ente	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount)	6c	Yes	∏ No	∏ N/A
_	C Subt (enter	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount) Impleted line 6c, skip lines 8 and 9. Inimum funding amount reported on line 6c be met by the funding deadline?	6c	Yes	☐ No	∏ N/A
7 8	C Subt (enter If you co	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount)	6c	Yes	☐ No	
_	C Subt (enter fixed fixe	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount) Impleted line 6c, skip lines 8 and 9. Inimum funding amount reported on line 6c be met by the funding deadline?	6c	Yes	☐ No	□ N/A
8	C Subt (enter If you con Will the manauthority administration)	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount)	6c			
8 P	C Subt (enter fixed fixe	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount)	6c			
8	C Subt (enter If you co Will the m If a char authority administ Part III	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount)	6c	Yes	□ No	□ N/A
8 P	C Subt (enter If you co Will the m If a char authority administ Part III	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount) mpleted line 6c, skip lines 8 and 9. inimum funding amount reported on line 6c be met by the funding deadline? ge in actuarial cost method was made for this plan year pursuant to a revenue procedure or other providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan rator agree with the change? Amendments a defined benefit pension plan, were any amendments adopted during this plan increased or decreased the value of benefits? If yes, check the appropriate or check the "No" box.	6c	Yes	☐ No	□ N/A
8 P 9	C Subt (enter If you co Will the m If a char authority administ Part III	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount)	6c	Yes	☐ No	□ N/A
8 P 9	C Subt (enter If you con Will the multiple of the control of the c	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount) mpleted line 6c, skip lines 8 and 9. inimum funding amount reported on line 6c be met by the funding deadline? ge in actuarial cost method was made for this plan year pursuant to a revenue procedure or other providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan rator agree with the change? Amendments a defined benefit pension plan, were any amendments adopted during this plan increased or decreased the value of benefits? If yes, check the appropriate or check the "No" box.	6c	Yes ease	Both	□ N/A
8 9 P 10	C Subt (enter If you con Will the many of the subtract III If this is year that box. If no control of the subtract IV If the su	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount) completed line 6c, skip lines 8 and 9. inimum funding amount reported on line 6c be met by the funding deadline? ge in actuarial cost method was made for this plan year pursuant to a revenue procedure or other providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan rator agree with the change? Amendments a defined benefit pension plan, were any amendments adopted during this plan increased or decreased the value of benefits? If yes, check the appropriate of the change of		Yes ease evenue	Both Code, skip this Yes	N/A No Part.
8 P 9	C Subt (enter of the subtract	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount) completed line 6c, skip lines 8 and 9. inimum funding amount reported on line 6c be met by the funding deadline? ge in actuarial cost method was made for this plan year pursuant to a revenue procedure or other providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan rator agree with the change? Amendments a defined benefit pension plan, were any amendments adopted during this plan increased or decreased the value of benefits? If yes, check the appropriate or, check the "No" box. ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the nallocated employer securities or proceeds from the sale of unallocated securities used to repay any as the ESOP hold any preferred stock?		Yes ease evenue	Both Code, skip this Yes	NVA No Part. No No
8 9 P 10	C Subt (enter of the control of the	ract the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount) completed line 6c, skip lines 8 and 9. inimum funding amount reported on line 6c be met by the funding deadline? ge in actuarial cost method was made for this plan year pursuant to a revenue procedure or other providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan rator agree with the change? Amendments a defined benefit pension plan, were any amendments adopted during this plan increased or decreased the value of benefits? If yes, check the appropriate of the change of	Decree exempt loan	Yes ease evenue n?	Both Code, skip this Yes Yes	N/A No Part. No

Pa	rt V	Additional Information for Multiemployer Defined Benefit Pension Plans									
		er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in									
		ars). See instructions. Complete as many entries as needed to report all applicable employers.									
	а	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									
	е	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):									
	а	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									
	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):										
	а	Name of contributing employer									
	b b	EIN C Dollar amount contributed by employer									
	d d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box									
	u	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
	е	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):									
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Page	•

Schedule R (Form 5500) 2019

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ake an	
	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, of supplemental information to be included as an attachment.		
Р	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pensic	n Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see information to be included as an attachment	nstructions	regarding supplemental
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate: b Provide the average duration of the combined investment-grade and high-yield debt:	_	_
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Characteristic Yes. No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the 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 exceeding the unpaid minimum required contribution by the 30th day after the due date. No. Other. Provide explanation	greater that eck the ap unpaid min	an zero? Yes No plicable box: nimum required contribution

Financial Statements and Supplemental Schedule As of December 31, 2019 and 2018 and For the Year Ended December 31, 2019



Financial Statements and Supplemental Schedule As of December 31, 2019 and 2018 And for the Year Ended December 31, 2019

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Independent Auditor's Report

To the Plan Administrator Brigham Young University-Hawaii Tax-Deferred Annuity Plan Laie, Hawaii

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Brigham Young University-Hawaii Tax-Deferred Annuity Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the notes to the financial statements.

Management's Responsibility for the Financial Statements

Management (the Plan Administrator) is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by TIAA and CREF, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that TIAA and CREF hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the TIAA and CREF as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by TIAA and CREF is complete and accurate.

As discussed in Note 2, prior to January 1, 2008, records were maintained at a contract, not plan, level; therefore the Plan sponsor has not maintained, and TIAA and CREF did not provide sufficient accounting records and supporting documentation relating to certain annuity and custodial



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accounts issued to current and former employees, and supporting documentation is not adequate to assure the completeness and accuracy of the amounts included in the financial statements and supplemental schedule. Accordingly, we have been unable to apply auditing procedures sufficient to determine the extent to which the financial statements and supplemental schedule have been affected by these conditions.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis Other Matter

As discussed in Note 8 to the financial statements, during the first quarter of 2020, the outbreak of the COVID-19 pandemic has caused significant volatility in U.S. and international economies and investment markets. This has resulted in a material adverse effect on the estimated fair value of the Plan's investments, investment income and net assets available for benefits. Our opinion is not modified with respect to this matter.

Other Matter - 2018 Financial Statements

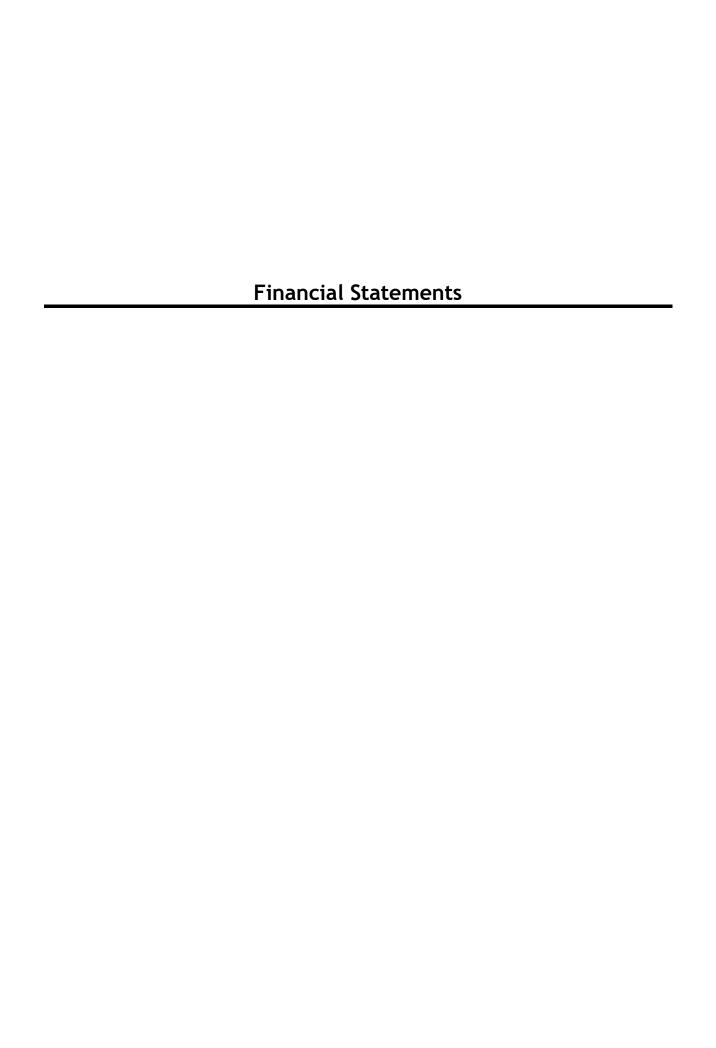
The financial statements of the Plan as of December 31, 2018, were audited by Piercy Bowler Taylor & Kern whose partners and professional staff joined BDO USA, LLP as of July 1, 2020, and has subsequently ceased operations. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed Piercy Bowler Taylor & Kern not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 15, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter - Supplemental Schedule

The supplemental schedule, as listed on the table of contents, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule, which is the responsibility of the Plan Administrator.

BDO USA, LLP

October 15, 2020



Statements of Net Assets Available for Benefits

December 31,	2019	2018
Assets		
Investments; Investments, at fair value Investments, at contract value	\$ 7,424,752 4,252,233	\$ 6,193,298 4,244,582
Net Assets Available for Benefits	\$ 11,676,985	\$ 10,437,880

See accompanying notes to financial statements.

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31,	2019
Additions	
Investment income Net appreciation in fair value of investments Interest and dividends	\$ 1,345,513 188,319
Total investment income	1,533,832
Contributions Participant	7,191
Total contributions	7,191
Total additions	1,541,023
Deductions	
Benefits paid to participants	301,918
Net Increase in Net Assets Available for Benefits	1,239,105
Net assets available for benefits, beginning of year	10,437,880
Net assets available for benefits, end of year	\$ 11,676,985

See accompanying notes to financial statements.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

1. Description of the Plan

The following description of the Brigham Young University-Hawaii Tax-Deferred Annuity Plan (the Plan) provides only summarized information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Brigham Young University-Hawaii (the Employer or Plan Sponsor). Eligible employees are those who have been officially hired by the Employer, with the exception of non-resident aliens, certain student employees, and employees that work fewer than 20 hours per week and less than 1,000 hours per year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended, (ERISA) and Section 403(b) of the Internal Revenue Code (IRC).

The original effective date of the Plan was September 5, 1955. The Plan has since been amended to comply with regulations and other Employer-specific amendments.

Contributions

Each year, participants may elect to defer up to 100% of pre-tax annual compensation, as defined in the Plan document, subject to limits established by the Internal Revenue Service (IRS). Participants who have attained the age of 50 before the close of the Plan year may make "catch-up" contributions, also subject to limits established by the IRS. Participant contributions may also include, without limitation, transfers from other qualified defined benefit or defined contribution plans.

Participant Accounts

Each participant account is credited with the participant's contribution, investment income and changes in investment value, and is charged with benefits paid to the participant and an allocation of any administrative expense absorbed by the Plan. Allocations are based on participants' earnings or account balances, as provided in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Payment of Benefits

On termination of service, participants have the option of receiving a single lump-sum cash payment of benefits or an installment payment of benefits over a period of time not more than a single participant's single life annuity with a ten-year guaranteed period or a married participant's qualified joint and survivor annuity. Payment of benefits may begin after the earliest of the following events: death or other severance of employment, disability, attainment of age 59½, eligibility for a Qualified Reservist Distribution or termination of the Plan subject to Treasury Regulation 1.403(b)-10.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

Investment Options

Upon enrollment in the Plan, participants may direct the investment of their accounts, in whole percentage increments, to any of the Plan's investment options selected by the Plan Trustees. Participants may change their investment options at any time.

2. Summary of Significant Accounting Policies

Annual Reporting Requirements

Prior to January 1, 2008, TIAA and CREF maintained records at a contract, not Plan, level and administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As such, neither the Plan sponsor nor TIAA and CREF have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2008. As a result, the completeness and accuracy of the annuity and custodial accounts, related investment income, and distributions related to these accounts, if any, could not be determined.

Basis of Accounting

The Plan's financial statements are prepared on an accrual basis, pursuant to applicable accounting principles generally accepted in the United States (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties

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

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

GAAP provides a fair value hierarchy that prioritizes inputs to valuation techniques used to measure estimated fair value. Estimated fair value measurement within levels 1-3 of the fair value hierarchy set forth in GAAP is based on the lowest level of input that is significant to the estimate. GAAP

Tax-Deferred Annuity Plan

Notes to the Financial Statements

requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

The estimated fair value of registered investment companies (mutual funds) and TIAA real estate account variable annuity is based on quoted market prices (level 1 inputs). The estimated fair value of the non-fully benefit-responsive portion of the insurance company general account is calculated by discounting future cash flows based on the contract's expected yield (level 3 inputs).

The contract value of fully benefit-responsive investment contracts represents accumulated contributions, adjusted for investment income, changes in investment value, benefits paid to the participant and administrative expense. The contract value is the relevant measurement attribute for the portion of net assets available for benefits in a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount that participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of investments 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 for investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments are recorded as deductions when paid. At December 31, 2019, there were no benefits requested that had not been paid.

Administrative Expense

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. The Employer absorbed administrative expenses on behalf of the Plan of \$11,300 for 2019, which is not recognized in the statement of changes in net assets available for benefits.

Income Taxes

The Plan is exempt from federal income tax. However, GAAP requires the Plan Administrator to evaluate any tax positions taken by the Plan. In the unlikely event any income tax, related penalty and/or interest, including relative to uncertain tax positions (as defined in GAAP) taken by the Plan, are deemed probable of assessment, the Plan will record them as administrative expense.

3. Information Certified by TIAA and CREF

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by TIAA and CREF, except for comparing such information to the related information included in the Plan's financial statements and supplemental schedule. TIAA and CREF have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

Investments as reflected in the statements of net assets available for benefits;

Tax-Deferred Annuity Plan

Notes to the Financial Statements

- Net appreciation in fair value of investments and interest and dividends, as reflected in the statement of changes in net assets available for benefits; and
- All information included in the Schedule H, Line 4i Schedule of Assets (Held at End of Year) as shown in the supplemental schedule.

4. Fair Value Measurements

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

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

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

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.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2019 and 2018.

Fixed Annuity Contracts: The non-fully benefit responsive ("NFBR") fixed annuity contracts composed of the TIAA Traditional Annuity Contracts, are reported at fair value which approximates contract value. Fair value is determined using a discounted cash flow model. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals. The TIAA Traditional Annuity Contracts are not available for sale or transfer on any securities exchange. The fixed annuity accounts are subject to various restrictions. See further information below.

Pooled Separate Account: Units held in the pooled separate account ("PSA") are valued at the net asset value ("NAV") based on the fair market value of the underlying investments of the account less its liabilities. The NAV, as provided by TIAA and CREF, is used as a practical expedient to estimate fair value. The PSA holds between 15 percent and 25 percent of its net assets in investments other than real estate and real estate related investments, comprised of publicly

Tax-Deferred Annuity Plan

Notes to the Financial Statements

traded, liquid investments. Determination of fair value of the real estate assets involves significant judgment. Valuation of the PSA's real estate properties are based on real estate appraisals, which are estimates of property values based on a professional's opinion and may not be accurate predictors of the amount the PSA would actually receive if it sold a property. Appraisals can be subjective in certain respects as they rely on a variety of assumptions (including comparable property sales and historic pricing) and conditions at that property or in the market in which the property is located, which may change materially after the appraisal is conducted. Among other things, market price for comparable real estate may be volatile, particularly if there has been a lack of recent transaction activity in such market.

Further, as the PSA generally obtains appraisals on a quarterly basis, there may be circumstances in the period between appraisals or interim valuation adjustments in which the true realizable value of a property is not reflected in the PSA's daily net asset value calculation or in the PSA's periodic financial statements. This disparity may be more apparent when the commercial and/or residential real estate markets experience an overall and possibly dramatic decline (or increase) in property values in a relatively short period of time between appraisals.

The PSA provides participants with a liquidity guarantee enabling the account to have funds available to meet participant redemptions, transfers, or cash withdrawals. TIAA guarantees that the participants can redeem their accumulated unit value determined after their transfer or cash withdrawal request is received in good order.

TIAA and CREF limited the ability of participants to transfer funds into the TIAA Real Estate Account. Specifically, individual participants are limited from making internal transfers into their account if, after giving effect to such transfer, the total value of such participant's account (under all contracts issued to such participant) would exceed \$150,000. A participant is not required to reduce his or her contract balance to a level at or below \$150,000 if the participant's account totals more than \$150,000.

Registered Investments

Mutual Funds: Mutual funds represent investments with investment managers. The mutual funds are value at the daily closing net asset value as reported by the fund. Mutual funds held by the Plan 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.

Other registered investments: These investments are registered investments that invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Units held in the registered investments are valued at NAV. The NAV, as provided by TIAA and CREF, is used as a practical expedient to estimate fair value. The NAV is measured based on the fair value of the underlying investments held by the fund less its liabilities. The fair values of the underlying investments are determined using market quotations or prices obtained from independent pricing sources that employ various pricing methods to value the investments including matrix pricing. Money market account holdings are generally valued at amortized cost. On a daily basis, units in these investments are revalued to reflect performance of the underlying investments minus any fees and charges.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

Investments measured at the NAV as a practical expedient are summarized as follows:

	=	Fair Value at December 31, 2019		Fair Value at December 31, 2018	Unfunded Commitment	Redemption	ledemption Notice Period
AL III Asset	ć	02.007	ċ	07, 000		D. II	Mana
Multi-Asset	\$	93,006	\$	86,089	\$ -	Daily	None
Equities		5,824,910		4,642,787	-	Daily	None
Fixed Income		92,465		84,658	-	Daily	None
Money Market		9,930		8,527	-	Daily	None
Real Estate		153,406		165,521	-	Daily	None
Total investments med NAV as practical expe	_	6,173,717	\$	4,987,582	\$ -		

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

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

Plan management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2019, there were no significant transfers in or out of levels 1, 2 or 3.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements:

December 31, 2019	Total	Level 1	Level 2	Level 3
Fixed annuity contracts (NFBR) \$ Mutual funds	943,391 307,644	\$ - 307,644	\$ - \$ -	943,391 -
Total	1,251,035	307,644	-	943,391
Investments measured at NAV as the practical expedient*	6,173,717			
Total investments at fair value \$	7,424,752			

Tax-Deferred Annuity Plan

Notes to the Financial Statements

December 31, 2018	Total Level 1		Level 2	Level 3	
Fixed annuity contracts (NFBR) \$ Mutual funds	961,080 \$ 244,636	- 244,636	\$ - \$	961,080 -	
Total	1,205,716	244,636	-	961,080	
Investments measured at NAV as the practical expedient*	4,987,582				
Total investments at fair value \$	6,193,298				

^{*} Certain investments that are measured at fair value using the NAV per share practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2019, are summarized as follows:

Beginning balance	\$	961,080
Investment income, including \$10,594		
attributable to net unrealized losses		38,047
Contributions		3,226
Benefits paid to participants		(39,276)
Interfund transfer, net		(19,686)
Ending balance	<u> </u>	943,391

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

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 values for those inputs.

Instrument	Fair Value 12/31/2019	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional Annuity	\$ 943,391	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	2.75%-4.75%

Tax-Deferred Annuity Plan

Notes to the Financial Statements

Information related to significant, unobservable inputs used in the valuation of the Plan's level 3 investments at December 31, 2018, was as follows:

Instrument	Fair Value 12/31/2018		Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	
TIAA Traditional Annuity	\$	961,080	Discounted cash flow theoretical transfer (exit value)	Risk-adjusted discount rate applied	2.75%-4.75%	

Fixed Annuity Contracts

As discussed above, fixed annuity contracts consist of investment options available to participants known as the TIAA Traditional Annuity Contracts ("Annuity"). Annuity contracts are established between the participants and Teachers Insurance and Annuity Association ("TIAA"), an insurance company registered in the state of New York. This investment option is only offered as the Retirement Annuities ("RA") or Guaranteed Retirement Annuities ("GRA"). The return of annuity contributions plus interest to participants is subject to TIAA's claims-paying ability.

Annuity accounts are credited with a guaranteed minimum rate of interest that is determined annually. Participants may also earn interest in addition to the guaranteed rate at the discretion of TIAA. Such discretionary interest, if any, is declared by TIAA on a year-by-year basis and remains in effect for the subsequent twelve-month "declaration year".

Contributions to the annuity accounts are grouped by TIAA into "vintages" comprised of premiums received over defined time periods of one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA's general account.

RA and GRA account balances may only be withdrawn over 10 annual installments. Because this provision is considered to restrict participants' "reasonable access" to their contract balances, Ras are not considered to be fully benefit-responsive investment contracts as defined by ASC 962, *Plan Accounting - Defined Contribution Pension Plans*.

5. Party-in-interest Transactions

The Plan's investments are managed by TIAA and CREF; therefore, investment transactions with TIAA and CREF qualify as party in interest transactions as defined by ERISA. Any transactions involving these investments are executed on the open market at fair market value. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party in interest transactions under ERISA.

Tax-Deferred Annuity Plan

Notes to the Financial Statements

6. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the assets of the Plan would be distributed to the participants and beneficiaries of the Plan based on their account balances in the order provided by ERISA.

7. Tax Status

The Internal Revenue Service is currently not issuing opinion or determination letters on 403(b) plans. The Plan Administrator and Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 as taken uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

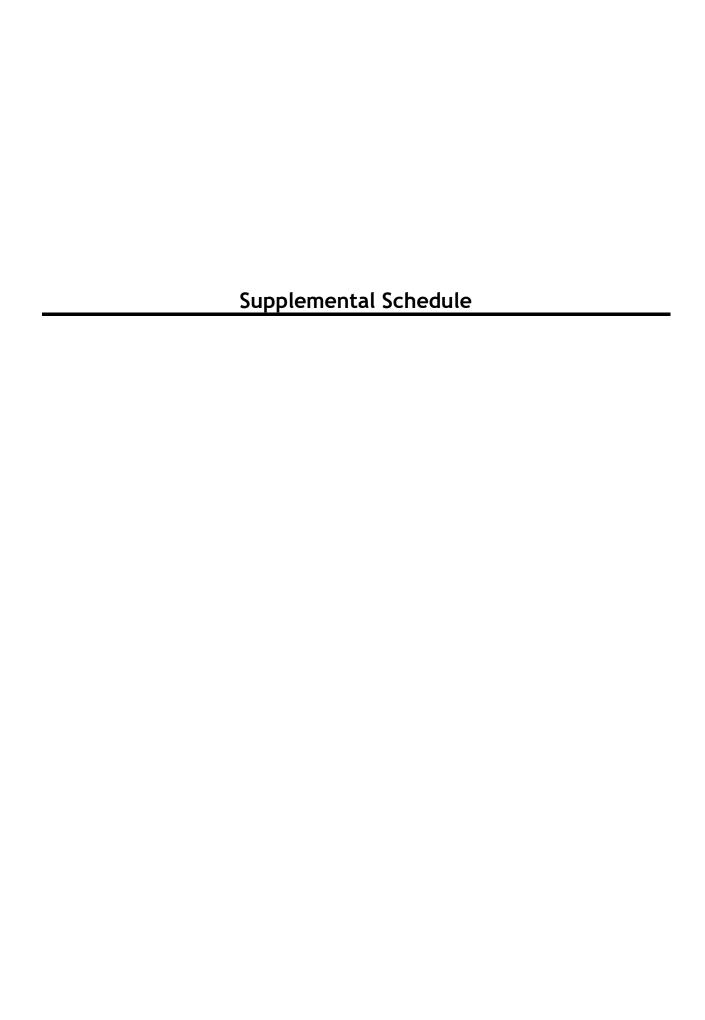
8. Subsequent Events

The Plan Administrator has evaluated events subsequent to December 31, 2019, for possible recognition or disclosure in the accompanying financial statements through October 15, 2020, the date the financial statements were available for issuance.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to volatility in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

On March 27, 2020, President Trump signed into law the "Coronavirus Aid, Relief, and Economic Security (CARES) Act." The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions: (a) special coronavirus distributions up to \$100,000 and (b) suspended required minimum distributions for 2020.



Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31,2019

				IN: 99-0083825 n Number: 002
(a) Party-in- Interest		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fixed annuity contracts:	Too distinged Donastis Donasconius	**	Ć 4252222
*	TIAA TIAA	Traditional Benefit Responsive Traditional Non-Benefit Responsive	**	\$ 4,252,233 943,391
	Total fixed annuity contracts			5,195,624
	Pooled separate account:			
*	TIAA	Real Estate Account	**	153,407
	Registered investments:			
*	CREF	Stock	**	5,518,484
*	CREF	Money Market	**	9,930
*	CREF	Social Choice	**	93,006
*	CREF	Bond Market	**	72,976
*	CREF	Global Equities	**	132,248
*	CREF	Growth	**	140,237
*	CREF	Equity Index	**	33,940
*	CREF	Inflation-Linked Bond	**	19,489
*	TIAA-CREF	Lifecycle 2030	**	470
*	TIAA-CREF	Lifecycle 2040	**	15,699
*	TIAA-CREF	Lifecycle 2050	**	8,984
*	TIAA-CREF	Lifecycle RTMT	**	4,272
*	TIAA-CREF	Growth & Income	**	23,093
*	TIAA-CREF	International Equity Fund	**	4,889
*	TIAA-CREF	Lg-Cap Val T4	**	70,167
*	TIAA-CREF	Mid-Cap Val T4	**	8,013
*	TIAA-CREF	Small-Ċap Val T4	**	19,880
*	TIAA-CREF	Real Est Secs T4	**	2,949
*	TIAA- CREF	Social Choice Equity Fund	**	13,052
*	TIAA-CREF	International Equity Index Fund	**	10,552
*	TIAA-CREF	Lg-Cap	**	68,052
*	TIAA-CREF	Lg-Cap	**	26,207
*	TIAA-CREF	Small-Cap	**	7,623
*	TIAA-CREF	S&P Index Fund	**	23,742
	Total registered investments			6,327,954
	Total investments			\$ 11,676,985

^{*} Represents party-in-interest ** Cost omitted for participant directed investments`

Schedule H, Line 4i Schedule of Assets (Held At End of Year)

Name of Plan:

▶ Brigham Young University Hawaii Tax-Deferred Annuity Plan

Employer Identification Number:▶ 99-0083825

For plan year (beginning/ending): ► 1/1/2019 to 12/31/2019 Plan number: ► 002

		(c) Description of investment including maturity date, rate			
(a)	(b) Identity of issue, borrower, lessor, or similar party	of interest, collateral, par or maturity value	(d) Cost	(e)	Current value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$	4,252,233.32
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2030-Rtmt		\$	469.88
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2040-Rtmt		\$	15,698.90
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lifecycle 2050-Rtmt		\$	8,984.39
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcyle Rtmt Inc-Rtmt		\$	4,272.18
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$	943,390.28
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$	153,406.57
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$	5,518,484.35
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$	9,930.03
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$	93,005.94
*	College Retirement Equities Fund variable annuities	CREF Bond Market R1		\$	72,975.96
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$	132,248.50
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$	140,237.33
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$	33,939.80
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$	19,489.03
*	College Retirement Equities Fund variable annuities	TIAA-CREF Gr & Inc-Rtmt		\$	23,092.58
*	College Retirement Equities Fund variable annuities	TIAA-CREF Intl Eq-Rtmt		\$	4,889.08
*	College Retirement Equities Fund variable annuities	TIAA-CREF Intl Eq Idx-Rtmt		\$	10,551.61
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lg-Cap Gr Idx-Rtmt		\$	26,206.68
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lg-Cap Val-Rtmt		\$	70,167.35
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lg-Cap Val Idx-Rtmt		\$	68,052.49
*	College Retirement Equities Fund variable annuities	TIAA-CREF Mid-Cap Val-Rtmt		\$	8,012.61
*	College Retirement Equities Fund variable annuities	TIAA-CREF Real Est Secs-Rtmt		\$	2,948.80
*	College Retirement Equities Fund variable annuities	TIAA-CREF Sm-Cap BI ldx-Rtmt		\$	7,622.54
*	College Retirement Equities Fund variable annuities	TIAA-CREF Qt Sml Cap Eq Rtmt		\$	19,880.42
*	College Retirement Equities Fund variable annuities	TIAA-CREF Social Ch Eq-Rtmt		\$	13,051.97
*	College Retirement Equities Fund variable annuities	TIAA-CREF S&P 500 ldx-Rtmt		\$	23,742.03
	Total			\$	11,676,985