#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

A This return/report is for:

Part I Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022

a multiemployer plan

### **Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

12/31/2022

a multiple-employer plan (Filers checking this box must attach a list of

and ending

| A IIIIS   | return/report is for.  | _  | participating                           | employer information in accordance | ce with the form instruction                    | ns.) |  |
|---|--|--|---|------------------------------------|---|------|--|
|   |  | X a single-employer plan                                 | a DFE (speci                            |                                    |   | ,    |  |
| <b>B</b> This   | return/report is:  | the first return/report                                  | the final retur                         | n/report                           |   |      |  |
|   | ·  | an amended return/report                                 | a short plan y                          | ear return/report (less than 12 mo | onths)  |      |  |
| <b>C</b> If the   | plan is a collectively-bar   | gained plan, check here                                  |   |                                    |   |      |  |
| <b>D</b> Chec   | ck box if filing under:  | X Form 5558  | automatic ex                            | tension                            | the DFVC program                                |      |  |
|   |  | special extension (enter des                             | scription)                              |                                    |   |      |  |
| E If this   | is a retroactively adopte  | d plan permitted by SECURE Act s                         | ection 201, check here                  | <b>)</b>                           |   |      |  |
| Part II   | Basic Plan Info  | rmation—enter all requested info                         | ormation                                |                                    |   |      |  |
|   | ne of plan   | TY-IDAHO TAX-DEFERRED ANNU                               | IIT∨ DI AN                              |                                    | <b>1b</b> Three-digit plan number (PN) ▶        | 002  |  |
| BRIGI   | IAW TOONG UNIVERSI   | TI-IDANO TAX-DELENCED ANNO                               | JIII FLAN                               |                                    | 1c Effective date of pla<br>07/01/1992          | an   |  |
| Mai<br>City   | n sponsor's name (emplo<br>ling address (include roor<br>or town, state or provinc | 2b Employer Identification<br>Number (EIN)<br>82-0207699 |   |                                    |   |      |  |
| BRIGH   | AM YOUNG UNIVERSIT   | Y-IDAHO  |   |                                    | 2c Plan Sponsor's telephone number 208-496-1700 |      |  |
|   | OUTH CENTER - 1670<br>JRG, ID 83460  |  | 5 SOUTH CENTER - 167<br>XBURG, ID 83460 | 0                                  | 2d Business code (see instructions) 611000      | Э    |  |
|   |  |  |   |                                    |   |      |  |
| Caution   | · A penalty for the late   | or incomplete filing of this return                      | /report will be assessed                | l unless reasonable cause is est   | tahlished                                       |      |  |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |  |  |   |                                    |   |      |  |
| SIGN<br>HERE  | Filed with authorized/va   | lid electronic signature.                                | 09/18/2023                              | BETH BALDWIN                       |   |      |  |
| IILIXE  | Signature of plan adn  | ninistrator  | Date                                    | Enter name of individual signir    | ng as plan administrator                        |      |  |
| SIGN  |  |  |   |                                    |   |      |  |
|   |  |  |   |                                    |   |      |  |

Date

Date

Signature of employer/plan sponsor

Signature of DFE

SIGN HERE Enter name of individual signing as employer or plan sponsor

Enter name of individual signing as DFE

Form 5500 (2022) Page 2 **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: а Sponsor's name **4d** PN Plan Name 5 Total number of participants at the beginning of the plan year 5 1386 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). 1368 a(1) Total number of active participants at the beginning of the plan year ...... 6a(1) 1373 a(2) Total number of active participants at the end of the plan year ..... 6a(2)0 Retired or separated participants receiving benefits 6b 41 Other retired or separated participants entitled to future benefits..... 1414 Subtotal. Add lines 6a(2), 6b, and 6c. 6d 1 Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. 6e 1415 Total. Add lines 6d and 6e. 6f Number of participants with account balances as of the end of the plan year (only defined contribution plans 72 6g Number of participants who terminated employment during the plan year with accrued benefits that were 0 less than 100% vested... 6h Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ...... 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 9a Plan funding arrangement (check all that apply) **9b** Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (2) (3) (3) (4) General assets of the sponsor (4) General assets of the sponsor

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

**b** General Schedules

X

X

X

H (Financial Information)

A (Insurance Information)

C (Service Provider Information)

I (Financial Information – Small Plan)

**D** (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

(1)

(2)

(3)

(4)

(5)

(6)

a Pension Schedules

actuary

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(1)

(2)

(3)

|  | Form 5500 (2022)  | Page <b>3</b>        |  |  |
|--|---|----------------------|--|--|
|  |   |                      |  |  |
| Part III   | Form M-1 Compliance Information (to be completed by we  | Ifare benefit plans) |  |  |
| 2520.  | 11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) |                      |  |  |
| 11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)   |   |                      |  |  |
| 11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.) |   |                      |  |  |

Receipt Confirmation Code\_

## SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

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

#### File as an attachment to Form 5500.

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

| For calendar plan year 202   | 22 or fiscal pla            | in year beginning 01/01/2022                                |                                      | and ending 12/31/2022          |   |                       |                                   |  |  |
|--|-----------------------------|---|--------------------------------------|--------------------------------|---|-----------------------|-----------------------------------|--|--|
| A Name of plan   |                             |   |                                      |                                | B Three-digit                               |                       |                                   |  |  |
| BRIGHAM YOUNG UNIV   | ERSITY-IDAH                 | O TAX-DEFERRED ANNUITY                                      | PLAN                                 |                                | number (PN)                                 | •                     | 002                               |  |  |
|  |                             |   | •                                    | ,                              |   |                       |                                   |  |  |
|  |                             |   |                                      | _                              |   |                       |                                   |  |  |
| C Plan sponsor's name a  |                             |   |                                      | 1                              | yer Identification I                        | Number                | (EIN)                             |  |  |
| BRIGHAM YOUNG UNIV   | ERSITY-IDAF                 | IO  |                                      | 82-                            | 0207699                                     |                       |                                   |  |  |
| Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract |                             |   |                                      |                                |   |                       |                                   |  |  |
| Part I Informat  | ion Conce<br>ate Schedule / | rning insurance Contract<br>A. Individual contracts grouped | as a unit in Parts II and I          | <b>and Con</b><br>Il can be re | <b>nmissions</b> Prov<br>ported on a single | vide infoi<br>Schedu! | rmation for each contract<br>le A |  |  |
| 1 Coverage Information:  |                             | <u> </u>  |                                      |                                | <u> </u>                                    |                       | <u></u>                           |  |  |
| 1 Coverage information.  |                             |   |                                      |                                |   |                       |                                   |  |  |
| (a) Name of insurance car  | rrier                       |   |                                      |                                |   |                       |                                   |  |  |
| TIAA-CREF  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  | T                           | 1   |                                      |                                |   |                       |                                   |  |  |
| (b) EIN  | (c) NAIC                    | (d) Contract or   | (e) Approximate no persons covered a |                                |   |                       | ontract year                      |  |  |
| (b) Env  | code                        | identification number                                       | policy or contract                   |                                | (f) From                                    | I                     | <b>(g)</b> To                     |  |  |
| 13-1624203   | 69345                       | 334077  | 72                                   |                                | 01/01/2022                                  |                       | 12/31/2022                        |  |  |
| 2  |                             | sation. Futurathy total force and to                        | tal as manusia sia na maid. I        | intim lima O                   | <u> </u>                                    |                       | Ab an in annual in                |  |  |
| descending order of the  |                             | ation. Enter the total fees and to                          | otal commissions paid. L             | ist in line 3                  | the agents, broke                           | rs, and o             | other persons in                  |  |  |
|  |                             | missions paid   |                                      | <b>(b)</b> To                  | otal amount of fees                         | s paid                |                                   |  |  |
| (27)   |                             |   |                                      | ()                             |   | <u> </u>              |                                   |  |  |
| <b>3</b> Damana mandidan aran  |                             | f (Clat   |                                      |                                |   |                       |                                   |  |  |
| 3 Persons receiving com  |                             | fees. (Complete as many entrie                              |                                      |                                | :   |                       |                                   |  |  |
|  | (a) Name                    | and address of the agent, broke                             | r, or other person to who            | m commiss                      | ions or tees were                           | paid                  |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
| (b) Amount of sales an   | nd hase                     | Fe  | ees and other commissio              | ns paid                        |   |                       |                                   |  |  |
| commissions pai  |                             | (c) Amount  | (d) Purpose                          |                                |   | (e) Organization code |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  | (a) Name                    | and address of the agent, broke                             | r or other person to who             | m commiss                      | ions or fees were                           | naid                  |                                   |  |  |
|  | (a) Name                    | and address of the agent, broke                             | i, or other person to who            | III COITIIII33                 | IOTIS OF ICCS WCIC                          | paid                  |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
| (b) Amount of sales and base Fees and other commissions paid   |                             |   |                                      |                                |   |                       |                                   |  |  |
| commissions pai  |                             | (c) Amount  |                                      | (d) Purpos                     | е   |                       | (e) Organization code             |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |
|  |                             |   |                                      |                                |   |                       |                                   |  |  |

| (a) Na  | me and address of the agent, broker | r, 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   |
| commissions para                              |                                     |  | oodc                |
|   |                                     |  |                     |
| (a) Na  | me and address of the agent, broker | r, or other person to whom commissions or fees were paid |                     |
| (4)   |                                     | ,  |                     |
|   |                                     |  |                     |
|   | Т                                   |  |                     |
| (b) Amount of sales and base                  |                                     | Fees and other commissions paid                          | (e)<br>Organization |
| commissions paid                              | (c) Amount                          | (d) Purpose  | code                |
|   |                                     |  |                     |
|   |                                     |  |                     |
| (a) Na  | me and address of the agent, broker | r, or other person to whom commissions or fees were paid |                     |
|   |                                     |  |                     |
|   |                                     |  |                     |
| (h) Associated sples and have                 |                                     | Fees and other commissions paid                          | (e)                 |
| (b) Amount of sales and base commissions paid | (c) Amount                          | (d) Purpose  | Organization code   |
|   |                                     |  |                     |
|   |                                     |  |                     |
| <b>(a)</b> Na                                 | me and address of the agent, broker | r, 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   |
|   |                                     |  |                     |
|   |                                     |  |                     |
| (a) Na  | me and address of the agent, broker | r, or other person to whom commissions or fees were paid |                     |
|   | -                                   |  |                     |
|   |                                     |  |                     |
|   |                                     |  | 1-3                 |
| (b) Amount of sales and base                  | (c) Amount                          | Fees and other commissions paid  (d) Purpose             | (e)<br>Organization |
| commissions paid                              | (O) / Arribuint                     | (a) i dipose   | code                |
|   |                                     |  |                     |
|   |                                     |  |                     |

| F | Part     |  |  |   |                     |
|---|----------|--|--|---|---------------------|
|   |          | Where individual contracts are provided, the entire group of such indivithis report. | dual contracts with each   | n carrier may be treated as a ur          | nit for purposes of |
| 4 | Cur      | rent value of plan's interest under this contract in the general account at year     | end  | 4   | 3300436             |
|   |          | rent value of plan's interest under this contract in separate accounts at year el    |  |   | 5200529             |
|   |          | tracts With Allocated Funds:   | 14   |   | 0200020             |
| ٠ | <b>a</b> | State the basis of premium rates   |  |   |                     |
|   | u        | otate the basic of profilmin rates 7   |  |   |                     |
|   | b        | Premiums paid to carrier   |  | 6b  |                     |
|   | C        | Premiums due but unpaid at the end of the year                                       |  |   |                     |
|   | d        | If the carrier, service, or other organization incurred any specific costs in cor    |  | tion or                                   |                     |
|   | u        | retention of the contract or policy, enter amount                                    | •  | 1 00                                      |                     |
|   |          | Specify nature of costs  |  | <u> </u>                                  |                     |
|   |          |  |  |   |                     |
|   | е        | Type of contract: (1) ☐ individual policies (2) ☐ group deferred                     | l annuity  |   |                     |
|   | •        |  |  |   |                     |
|   |          | (3) other (specify)  |  |   |                     |
|   | _        |  |  |   |                     |
|   | f        | If contract purchased, in whole or in part, to distribute benefits from a termin     | ating plan, check here   | <b>▶</b> <u></u>                          |                     |
| 7 | Cor      | tracts With Unallocated Funds (Do not include portions of these contracts ma         | ntained in separate acc  | ounts)                                    |                     |
|   | а        | Type of contract: (1) deposit administration (2) immedia                             | te participation guarante  | ee  |                     |
|   |          | (3) X guaranteed investment (4) ☐ other ▶  |  |   |                     |
|   |          |  |  |   |                     |
|   |          |  |  |   |                     |
|   |          |  |  |   |                     |
|   | h        | Ralance at the end of the provious year  |  | 7b  | 3261140             |
|   | b        | Balance at the end of the previous year  |  |   | 3261149             |
|   | b<br>C   | Additions: (1) Contributions deposited during the year                               | 7c(1)  | <b>7b</b><br>230798                       | 3261149             |
|   |          | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)   | 230798                                    | 3261149             |
|   |          | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)  | 230798<br>117554                          | 3261149             |
|   |          | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)                                     | 230798                                    | 3261149             |
|   |          | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)  | 230798<br>117554                          | 3261149             |
|   |          | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)                                     | 230798<br>117554                          | 3261149             |
|   |          | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)                                     | 230798<br>117554                          | 3261149             |
|   |          | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)                                     | 230798<br>117554<br>100327                |                     |
|   |          | Additions: (1) Contributions deposited during the year                               | 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)  | 230798<br>117554<br>100327<br>7c(6)       | 448679              |
|   | C        | Additions: (1) Contributions deposited during the year                               | 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)  | 230798<br>117554<br>100327<br>7c(6)       |                     |
|   | c        | Additions: (1) Contributions deposited during the year.  (2) Dividends and credits   | 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)  | 230798<br>117554<br>100327<br>7c(6)       | 448679              |
|   | c        | Additions: (1) Contributions deposited during the year  (2) Dividends and credits    | 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)  7e(1)                                 | 230798<br>117554<br>100327<br>7c(6)       | 448679              |
|   | c        | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)<br>7c(5)<br>7e(1)<br>7e(2)          | 230798<br>117554<br>100327<br>7c(6)<br>7d | 448679              |
|   | c        | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)<br>7c(5)<br>7e(1)<br>7e(2)<br>7e(3) | 230798<br>117554<br>100327<br>7c(6)<br>7d | 448679              |
|   | c        | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)<br>7c(5)<br>7e(1)<br>7e(2)          | 230798<br>117554<br>100327<br>7c(6)<br>7d | 448679              |
|   | c        | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)<br>7c(5)<br>7e(1)<br>7e(2)<br>7e(3) | 230798<br>117554<br>100327<br>7c(6)<br>7d | 448679              |
|   | c        | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)<br>7c(5)<br>7e(1)<br>7e(2)<br>7e(3) | 230798<br>117554<br>100327<br>7c(6)<br>7d | 448679              |
|   | c        | Additions: (1) Contributions deposited during the year                               | 7c(1)<br>7c(2)<br>7c(3)<br>7c(4)<br>7c(5)<br>7e(1)<br>7e(2)<br>7e(3) | 230798<br>117554<br>100327<br>7c(6)<br>7d | 448679              |
|   | c        | Additions: (1) Contributions deposited during the year                               | 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)  7e(1) 7e(2) 7e(2) 7e(3) 7e(4)         | 230798  117554 100327  7c(6) 7d  251507   | 448679              |

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

3300436

| Pa  | art I      | Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such comployees, the entire group of such individual contracts with each | contracts are ex   | kper          | ience-rated as a uni | t. Where co | ontracts cover in     |          |
|-----|------------|---|--------------------|---------------|----------------------|-------------|-----------------------|----------|
| 8   | Rene       | efit and contract type (check all applicable boxes)   |                    |               |                      |             |                       |          |
|     | a          | Health (other than dental or vision)  | c                  | П             | Vision               |             | <b>d</b> ☐ Life insur | ance     |
|     | <u> </u>   |   |                    | =             |                      |             |                       |          |
|     | e _        | Temporary disability (accident and sickness) <b>f</b> Long-term disa  |                    | =             | Supplemental unem    | ployment    | h Prescripti          | •        |
|     | i L        | Stop loss (large deductible) j 📙 HMO contract   | k                  |               | PPO contract         |             | I Indemnity           | contract |
|     | m          | Other (specify)   |                    |               |                      |             |                       |          |
|     |            | -   |                    |               |                      |             |                       |          |
| 9 1 | Ехре       | rience-rated contracts:   |                    |               |                      |             |                       |          |
|     | <b>a</b> P | Premiums: (1) Amount received   | 9a(1)              |               |                      |             |                       |          |
|     | (          | (2) Increase (decrease) in amount due but unpaid  | 9a(2)              |               |                      |             |                       |          |
|     |            | (3) Increase (decrease) in unearned premium reserve   |                    |               |                      |             |                       |          |
|     | (          | (4) Earned ( <b>(1) + (2) - (3)</b> )   |                    |               |                      | 9a(4)       |                       | 0        |
|     | b          | Benefit charges (1) Claims paid   | 9b(1)              |               |                      |             |                       |          |
|     | (          | (2) Increase (decrease) in claim reserves   | 9b(2)              |               |                      |             |                       |          |
|     | (          | (3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )  |                    |               |                      | 9b(3)       |                       | 0        |
|     | (          | (4) Claims charged  |                    |               |                      | 9b(4)       |                       |          |
|     | С          | Remainder of premium: (1) Retention charges (on an accrual basis)   |                    |               |                      |             |                       |          |
|     |            | (A) Commissions   | 9c(1)(A)           |               |                      |             |                       |          |
|     |            | (B) Administrative service or other fees  |                    |               |                      |             |                       |          |
|     |            | (C) Other specific acquisition costs  |                    | _             |                      |             |                       |          |
|     |            | (D) Other expenses  |                    | _             |                      |             |                       |          |
|     |            | (E) Taxes   |                    | _             |                      |             |                       |          |
|     |            | (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 amounts were pair   | id in cash, or     | cr            | edited.)             | 9c(2)       |                       |          |
|     | d          | Status of policyholder reserves at end of year: (1) Amount held to prov   | ride benefits afte | er re         | etirement            | 9d(1)       |                       |          |
|     |            | (2) Claim reserves  |                    |               |                      | 9d(2)       |                       |          |
|     |            | (3) Other reserves  |                    |               |                      | 9d(3)       |                       |          |
|     | е          | Dividends or retroactive rate refunds due. (Do not include amount ente  | ered in line 9c(2  | <b>2)</b> .). |                      | 9e          |                       |          |
| 10  | Nor        | nexperience-rated contracts:  |                    |               |                      |             |                       |          |
|     | а          | Total premiums or subscription charges paid to carrier  |                    |               |                      | 10a         |                       |          |
|     | b          | If the carrier, service, or other organization incurred any specific costs  | in connection w    | vith          | the acquisition or   |             |                       |          |
|     |            | retention of the contract or policy, other than reported in Part I, line 2 a  | above, report an   | nou           | nt                   | 10b         |                       |          |
|     | Spec       | cify nature of costs.   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
|     |            |   |                    |               |                      |             |                       |          |
| _   |            |   |                    |               |                      |             |                       |          |
| Pa  | art I      | V Provision of Information  |                    |               |                      |             |                       |          |
| 11  | Did        | the insurance company fail to provide any information necessary to co   | mplete Schedu      | ıle A         | ١?                   | Yes         | X No                  |          |
| 12  | If th      | ne answer to line 11 is "Yes," specify the information not provided.  |                    |               |                      |             |                       |          |

# SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Service Provider Information** 

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022   | and ending 12/31/2022  |
|--|--|
| A Name of plan   | <b>B</b> Three-digit   |
| BRIGHAM YOUNG UNIVERSITY-IDAHO TAX-DEFERRED ANNUITY PLAN   | plan number (PN) • 002   |
|  |  |
| C Plan sponsor's name as shown on line 2a of Form 5500   | D Employer Identification Number (EIN)   |
| BRIGHAM YOUNG UNIVERSITY-IDAHO   | 82-0207699   |
|  | 02-0207099   |
| Part I Service Provider Information (see instructions)   |  |
| Part 1 Service Provider Information (see instructions)   | ·  |
| You must complete this Part, in accordance with the instructions, to report the information r or more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received <b>only</b> eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of   | on with services rendered to the plan or the person's position with the or the plan received the required disclosures, you are required to |
| 1 Information on Persons Receiving Only Eligible Indirect Compensation   |  |
| a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of t   |  |
| indirect compensation for which the plan received the required disclosures (see instructions   | s for definitions and conditions)  |
| 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 instance)  |  |
| (b) Enter name and EIN or address of person who provided you dis   | sclosures on eligible indirect compensation  |
| TIAA   |  |
| 13-1624203   |  |
| (b) Enter name and EIN or address of person who provided you dis   | sclosures on eligible indirect compensation  |
|  |  |
|  |  |
|  |  |
|  |  |
| (b) Enter name and EIN or address of person who provided you dis   | sclosures on eligible indirect compensation  |
|  |  |
|  |  |
|  |  |
| (b) Fator name and FIN as address of across who associated as a fine of the control of the contr | adaguras on clinible indirect company the  |
| (b) Enter name and EIN or address of person who provided you dis   | sciosures on eligible mallect compensation   |

| Schedule C (Form 5500) 2022       | Page <b>2-</b>                         | 1                                     |
|-----------------------------------|--|---------------------------------------|
| ,                                 | <u> </u>                               |                                       |
| (b) Enter name and EIN or address | s of person who provided you disclosu  | res on eligible indirect compensation |
| (0)                               |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
| (b) Enter name and EIN or address | s of person who provided you disclosu  | es on eligible indirect compensation  |
|                                   |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
| (b) Enter name and EIN or address | s of person who provided you disclosu  | res on eligible indirect compensation |
|                                   |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
| (b) Enter name and EIN or address | s of person who provided you disclosu  | es on eligible indirect compensation  |
| (b) Enter hame and Ent of address | o or person who provided you disclosed | es en engiste maneet compensation     |
|                                   |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
| (b) Enter name and EIN or address | s of person who provided you disclosur | res on eligible indirect compensation |
|                                   |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
| (b) Enter name and EIN or address | s of person who provided you disclosu  | res on eligible indirect compensation |
|                                   |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
| (b) Enter name and EIN or address | s of person who provided you disclosu  | res on eligible indirect compensation |
| (4) 2 2 0. 444.05.                | 5 or portion provided for discussion.  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |
| (b) Enter name and EIN or address | s of person who provided you disclosu  | res on eligible indirect compensation |
|                                   |  |                                       |
|                                   |  |                                       |
|                                   |  |                                       |

| Page | 3 | - |  |
|------|---|---|--|
|------|---|---|--|

| answered                  | "Yes" to line 1a above   | e, complete as many   | entries as needed to list ea  | r Indirect Compensation ch person receiving, directly or the plan or their position with the                                | indirectly, \$5,000 or more in t   | otal compensation   |
|---------------------------|--|---|---|---|--|---|
|                           |  | (   | (a) Enter name and EIN or   | address (see instructions)  |  |   |
| (b)<br>Service<br>Code(s) | <b>(c)</b> Relationship to employer, employee  | (d) Enter direct compensation paid                                | <b>(e)</b> Did service provider receive indirect  | <b>(f)</b> Did indirect compensation include eligible indirect  | (g) Enter total indirect compensation received by  | (h) Did the service provider give you a   |
|                           | organization, or<br>person known to be<br>a party-in-interest  | by the plan. If none,<br>enter -0                                 | compensation? (sources<br>other than plan or plan<br>sponsor)                                     | compensation, for which the plan received the required disclosures?   | service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0                                   | formula instead of<br>an amount or<br>estimated amount?                                   |
|                           |  |   | Yes No  | Yes No  |  | Yes No  |
|                           |  | (   | a) Enter name and EIN or  | address (see instructions)  |  |   |
| (1-)                      | (4)  | (.1)  | (2)   | (0)   | (4)  | (1.)  |
| (b)<br>Service<br>Code(s) | Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>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)<br>Service<br>Code(s) | Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>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  |

| Part I | Service Provider | Information ( | (continued) |
|--------|------------------|---------------|-------------|
|        |                  |               |             |

| 3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensatio or provides contract administrator, consulting, custodial, investment advisory, investment manage questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount or many entries as needed to report the required information for each source. | ement, broker, or recordkeeping compensation and (b) each sou | services, answer the following arce for whom the service                                      |
|--|---|---|
| (a) Enter service provider name as it appears on line 2  | (b) Service Codes (see instructions)                          | (c) Enter amount of indirect compensation   |
|  | (see mandenons)   | compensation  |
| (d) Enter name and EIN (address) of source of indirect compensation  | formula used to determine                                     | ompensation, including any the service provider's eligibility ne 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                                     | ompensation, including any<br>the service provider's eligibility<br>ne 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                                     | ompensation, including any<br>the service provider's eligibility<br>ne indirect compensation. |
|  |   |   |

| Pa | rt II Service Providers Who Fail or Refuse to                                   | Provide Infor                       | mation  |
|----|---|-------------------------------------|---|
| 4  | Provide, to the extent possible, the following information for eathis Schedule. | ach service provide                 | er who failed or refused to provide the information necessary to complete           |
|    | (a) Enter name and EIN or address of service provider (see instructions)        | (b) Nature of<br>Service<br>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<br>Service<br>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<br>Service<br>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<br>Service<br>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<br>Service<br>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<br>Service<br>Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|    |   |                                     |   |
|    |   |                                     |   |

| Pa       | art III          | Termination Information on Accountants and Enrolled (complete as many entries as needed) | Actuaries (see instructions) |
|----------|------------------|--|------------------------------|
| а        | Name:            | · · · · · · · · · · · · · · · · · · ·  | <b>b</b> EIN:                |
| С        | Positio          | n:   |                              |
| d        | Addres           | s:   | e Telephone:                 |
|          |                  |  |                              |
|          |                  |  |                              |
|          |                  |  |                              |
| Ex       | planation        | :  |                              |
|          |                  |  |                              |
|          |                  |  |                              |
|          |                  |  |                              |
| a        | Name:            |  | <b>b</b> EIN:                |
| <u> </u> | Positio          |  |                              |
| d        | Addres           | S:   | e Telephone:                 |
|          |                  |  |                              |
|          |                  |  |                              |
|          | planation        |  |                              |
| LX       | .piai iatioi     | l.   |                              |
|          |                  |  |                              |
|          |                  |  |                              |
|          | Nome             |  | b ein:                       |
| <u>a</u> | Name:<br>Positio | n.   | D EIN.                       |
| c<br>d   | Addres           |  | e Telephone:                 |
| u        | Addres           | S.   | e reiepriorie.               |
|          |                  |  |                              |
|          |                  |  |                              |
| Ex       | planation        | Ľ  | ,                            |
|          |                  |  |                              |
|          |                  |  |                              |
|          |                  |  |                              |
| а        | Name:            |  | <b>b</b> EIN:                |
| С        | Positio          | n:   |                              |
| d        | Addres           |  | e Telephone:                 |
|          |                  |  | ·                            |
|          |                  |  |                              |
|          |                  |  |                              |
| Ex       | planation        | ι:   |                              |
|          |                  |  |                              |
|          |                  |  |                              |
|          |                  |  |                              |
| а        | Name:            |  | <b>b</b> EIN:                |
| С        | Positio          |  |                              |
| d        | Addres           | s:   | 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

2022

This Form is Open to Public Inspection.

|  |                        |  | II.                                     |        |  |
|--|------------------------|--|---|--------|--|
| For calendar plan year 2022 or fiscal p      | olan year beginning    | 01/01/2022 and                             | ending 12/31/2022                       | 1      |  |
| A Name of plan                               |                        |  | B Three-digit                           |        |  |
| BRIGHAM YOUNG UNIVERSITY-IDA                 | AHO TAX-DEFERRED       | ANNUITY PLAN                               | plan number (PN)                        | 002    |  |
|  |                        |  | , ,                                     |        |  |
|  |                        |  |   |        |  |
| C Plan or DFE sponsor's name as she          | own on line 2a of Form | 5500                                       | <b>D</b> Employer Identification Number | (EIN)  |  |
| BRIGHAM YOUNG UNIVERSITY-ID                  |                        |  | 82-0207699                              | ()     |  |
| BRIGHAW TOONS ONVERON THE                    | 1110                   |  | 02 0201000                              |        |  |
| Dort I Information on inter                  | acto in MTIAs CC       | Ts, PSAs, and 103-12 IEs (to be co         | mploted by plans and DEEs)              |        |  |
|  |                        | to report all interests in DFEs)           | inpleted by plans and DFES)             |        |  |
|  |                        | •  |   |        |  |
| a Name of MTIA, CCT, PSA, or 103-            | 12 IE: TIAA REAL E     | STATE                                      |   |        |  |
| <b>b</b> Name of sponsor of entity listed in | (a). TIAA-CREF         |  |   |        |  |
| Name of sponsor of entity listed in          | (a).                   |  |   |        |  |
| • FIN DN 40 4004000 004                      | <b>d</b> Entity        | e Dollar value of interest in MTIA, CCT, P | SA, or                                  | 040000 |  |
| <b>C</b> EIN-PN 13-1624203-004               | code                   | 103-12 IE at end of year (see instruction  |   | 610238 |  |
| 2 Name of MTIA CCT DCA or 102                | 10 15.                 |  |   |        |  |
| a Name of MTIA, CCT, PSA, or 103-            | 12 IE:                 |  |   |        |  |
| <b>b</b> Name of sponsor of entity listed in | (a):                   |  |   |        |  |
| b Name of sponsor of entity listed in        | (a).                   |  |   |        |  |
| C EIN-PN                                     | <b>d</b> Entity        | e Dollar value of interest in MTIA, CCT, P | SA, or                                  |        |  |
| C EIN-PN                                     | code                   | 103-12 IE at end of year (see instruction  |   |        |  |
| a Name of MTIA, CCT, PSA, or 103-            | 10 IE:                 |  |   |        |  |
| a Name of Witta, CCT, PSA, of 103-           | IZ IC.                 |  |   |        |  |
| <b>b</b> Name of sponsor of entity listed in | (a)·                   |  |   |        |  |
| D Name of sponsor of entity listed in        | (a).                   |  |   |        |  |
| C FIN DN                                     | <b>d</b> Entity        | e Dollar value of interest in MTIA, CCT, P | SA, or                                  |        |  |
| C EIN-PN                                     | code                   | 103-12 IE at end of year (see instruction  | าร)                                     |        |  |
| a Name of MTIA, CCT, PSA, or 103-            | 10 IE:                 |  |   |        |  |
| a Name of Witta, CCT, PSA, of 103-           | IZ IC.                 |  |   |        |  |
| <b>b</b> Name of sponsor of entity listed in | (a)·                   |  |   |        |  |
| D Name of sponsor of chitty noted in         | (u).                   |  |   |        |  |
| C EIN-PN                                     | <b>d</b> Entity        | e Dollar value of interest in MTIA, CCT, P | SA, or                                  |        |  |
| C LIN-FIN                                    | code                   | 103-12 IE at end of year (see instruction  | าร)                                     |        |  |
| a Name of MTIA, CCT, PSA, or 103-            | 12 IE:                 |  |   |        |  |
| a Name of With, CCT, 1 SA, of 103-           | 12 1L.                 |  |   |        |  |
| <b>b</b> Name of sponsor of entity listed in | (a)·                   |  |   |        |  |
| Traine or openior or orinty noted in         | (α).                   |  |   |        |  |
| C EIN-PN                                     | <b>d</b> Entity        | e Dollar value of interest in MTIA, CCT, P |   |        |  |
| C LIN-FIN                                    | code                   | 103-12 IE at end of year (see instruction  | าร)                                     |        |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:      |                        |  |   |        |  |
| Walle Of WITIA, CCT, FOA, OF 103-            | 14 IL.                 |  |   |        |  |
| <b>b</b> Name of sponsor of entity listed in | (a):                   |  |   |        |  |
| 2  | (~/-                   |  |   |        |  |
| C EIN-PN                                     | <b>d</b> Entity        | e Dollar value of interest in MTIA, CCT, P | •                                       |        |  |
| <b>→</b> □114-1 14                           | code                   | 103-12 IE at end of year (see instruction  | ns)                                     |        |  |
| a Name of MTIA, CCT, PSA, or 103-            | 12 IF·                 |  |   |        |  |
| 4 Hamo of Milia, 001, 10A, 01 103-           | 16 16.                 |  |   |        |  |
| <b>b</b> Name of sponsor of entity listed in | (a):                   |  |   |        |  |
| 2  | (~/·                   |  |   |        |  |
| C EIN-PN                                     | <b>d</b> Entity        | e Dollar value of interest in MTIA, CCT, P |   |        |  |
| <b>→</b> LIN-1 IV                            | code                   | 103-12 IE at end of year (see instruction  | ns)                                     |        |  |

| Page | 2 | - |
|------|---|---|
|      |   |   |

Schedule D (Form 5500) 2022

| a Name of MTIA, CCT, PSA, or 10           | a Name of MTIA, CCT, PSA, or 103-12 IE:           |   |  |  |  |
|---|---|---|--|--|--|
| <b>b</b> Name of sponsor of entity listed | <b>b</b> Name of sponsor of entity listed in (a): |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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 10           | 03-12 IE:   |   |  |  |  |
| <b>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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 10           | 03-12 IE:   |   |  |  |  |
| <b>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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 10           | 03-12 IE:   |   |  |  |  |
| <b>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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 10           | 03-12 IE:   |   |  |  |  |
| <b>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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 10           | 03-12 IE:   |   |  |  |  |
| <b>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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 10           | 03-12 IE:   |   |  |  |  |
| <b>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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 10           | 03-12 IE:   |   |  |  |  |
| <b>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> 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 10           | 03-12 IE:   |   |  |  |  |
| <b>b</b> Name of sponsor of entity listed | in (a):   |   |  |  |  |
| C EIN-PN                                  | <b>d</b> Entity                                   | Dollar value of interest in MTIA, CCT, PSA, or  103 13 IF of and 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 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<br>plan spo |   | C EIN-PN |
|   | Plan na            |   |          |
| b | Name o             |   | C EIN-PN |
|   | Plan na            |   |          |
| b | Name o<br>plan spo |   | 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 Financial Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

| Pension Benefit Guaranty Corporation        | ·                            |            |                        |              | Inspectio | n    |
|---|------------------------------|------------|------------------------|--------------|-----------|------|
| For calendar plan year 2022 or fiscal pl    | an year beginning 01/01/2022 | and ending | 12/31/20               | 22           |           |      |
| A Name of plan BRIGHAM YOUNG UNIVERSITY-IDA | HO TAX-DEFERRED ANNUITY PLAN |            | Three-digit plan numbe |              | <b>•</b>  | 002  |
|   |                              |            |                        |              |           |      |
| C Plan sponsor's name as shown on li        | ne 2a of Form 5500           | D E        | Employer Ide           | entification | Number (I | EIN) |
| BRIGHAM YOUNG UNIVERSITY-IDA                | НО                           |            | 82-020                 | 7699         |           |      |
| Part I Accet and Liability S                | *tatament                    |            |                        |              |           |      |

#### Part I | Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets   |          | (a) Beginning of Year | (b) End of Year |
|--|----------|-----------------------|-----------------|
| a Total noninterest-bearing cash   | 1a       |                       |                 |
| <b>b</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 & certificates of deposit) | 1c(1)    |                       |                 |
| (2) U.S. Government securities   | 1c(2)    |                       |                 |
| (3) Corporate debt instruments (other than employer securities):   |          |                       |                 |
| (A) Preferred  | 1c(3)(A) |                       |                 |
| (B) All other  | 1c(3)(B) |                       |                 |
| (4) Corporate stocks (other than employer securities):   |          |                       |                 |
| (A) Preferred  | 1c(4)(A) |                       |                 |
| (B) Common   | 1c(4)(B) |                       |                 |
| (5) Partnership/joint venture interests  | 1c(5)    |                       |                 |
| (6) Real estate (other than employer real property)  | 1c(6)    |                       |                 |
| (7) Loans (other than to participants)   | 1c(7)    |                       |                 |
| (8) Participant loans  | 1c(8)    |                       |                 |
| (9) Value of interest in common/collective trusts  | 1c(9)    |                       |                 |
| (10) Value of interest in pooled separate accounts   | 1c(10)   | 568048                | 610238          |
| (11) Value of interest in master trust investment accounts   | 1c(11)   |                       |                 |
| (12) Value of interest in 103-12 investment entities   | 1c(12)   |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds)                             | 1c(13)   | 5938930               | 4590291         |
| (14) Value of funds held in insurance company general account (unallocated contracts)                      | 1c(14)   | 3261149               | 3300436         |
| (15) Other   | 1c(15)   |                       |                 |

| 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    | 9768127               | 8500965         |
|    | 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    | 9768127               | 8500965         |

### Part II Income and Expense Statement

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) | 55277      |           |
|   | (C) Others (including rollovers)  | 2a(1)(C) | 244583     |           |
|   | (2) Noncash contributions   | 2a(2)    |            |           |
|   | (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)                   | 2a(3)    |            | 299860    |
| 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) | 117554     |           |
|   | (G) Total interest. Add lines 2b(1)(A) through (F)                                      | 2b(1)(G) |            | 117554    |
|   | (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         |

|    |   |             | (a) Ar              | mount   |           | (b) Total                           |
|----|---|-------------|---------------------|---------|-----------|-------------------------------------|
|    | (6) Net investment gain (loss) from common/collective trusts  | 2b(6)       | , ,                 |         |           |                                     |
|    | (7) Net investment gain (loss) from pooled separate accounts  | 2b(7)       |                     |         |           | 46633                               |
|    | (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)      |                     |         |           | -1133285                            |
| С  | Other income  | 2c          |                     |         |           |                                     |
| d  | Total income. Add all <b>income</b> amounts in column (b) and enter total   | 2d          |                     |         |           | -669238                             |
|    | Expenses  |             |                     |         |           |                                     |
| е  | Benefit payment and payments to provide benefits:   |             |                     |         |           |                                     |
|    | (1) Directly to participants or beneficiaries, including direct rollovers   | 2e(1)       |                     | 5       | 97924     |                                     |
|    | (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)       |                     |         |           | 597924                              |
| f  | Corrective distributions (see instructions)   | 2f          |                     |         |           |                                     |
| g  |   | 2g          |                     |         |           |                                     |
|    | Interest expense  | 2h          |                     |         |           |                                     |
| i  | Administrative expenses: (1) Professional fees  | 2i(1)       |                     |         |           |                                     |
|    | (2) Contract administrator fees   | 2i(2)       |                     |         |           |                                     |
|    | (3) Investment advisory and management fees   | 2i(3)       |                     |         |           |                                     |
|    | (4) Other   | 2i(4)       |                     |         |           |                                     |
|    | (5) Total administrative expenses. Add lines 2i(1) through (4)  | 2i(5)       |                     |         |           | 0                                   |
| i  | Total expenses. Add all <b>expense</b> amounts in column (b) and enter total  | 2j          |                     |         |           | 597924                              |
| ,  | Net Income and Reconciliation   |             |                     |         |           | 55.52.                              |
| k  | Net income (loss). Subtract line 2j from line 2d  | 2k          |                     |         |           | -1267162                            |
| _  | Transfers of assets:  |             |                     |         |           | 1201102                             |
| -  | (1) To this plan  | 21(1)       |                     |         |           |                                     |
|    | (2) From this plan  | 21(2)       |                     |         |           |                                     |
|    | ·· ·  |             |                     |         |           |                                     |
|    | art III Accountant's Opinion  |             |                     |         |           |                                     |
|    | Complete lines 3a through 3c if the opinion of an independent qualified public attached.  |             |                     | s Form  | 5500. Co  | mplete line 3d if an opinion is not |
| а  | The attached opinion of an independent qualified public accountant for this pla   | <b>—</b> `  | ,                   |         |           |                                     |
|    | (1) Unmodified (2) Qualified (3) X Disclaimer (4)   | Ш           |                     |         |           |                                     |
| b  | Check the appropriate box(es) to indicate whether the IQPA performed an ER performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d)    (1)  DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) | . Check box | (3) if pursuant to  | neither | •         |                                     |
| _  |   |             | OL Regulation 2     | .520.10 | 3-6 HOLD  | OL Regulation 2520.105-12(d).       |
| С  | Enter the name and EIN of the accountant (or accounting firm) below:  (1) Name: BDO USA, P.C.   |             | (2) EIN: 42         | E204E0  | · ^       |                                     |
| 4  | The opinion of an independent qualified public accountant is <b>not attached</b> be   | conco.      | (2) EIN: 13-        | 336139  | U         |                                     |
| u  | (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attact   |             | ext Form 5500 pt    | ursuant | to 29 CF  | R 2520.104-50.                      |
| 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, 4f, | 4g, 4h  | , 4k, 4m, | 4n, or 5.                           |
|    | During the plan year:   |             |                     | Yes     | No        | Amount                              |
| а  | Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any  |             | ilures until        |         |           |                                     |
|    | fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction   |             |                     |         | X         |                                     |

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|------|----|
|------|----|

Schedule H (Form 5500) 2022

Yes Nο Amount Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is X 4b checked.)..... 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.) X 4c 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 Χ checked.)..... 4d 1000000 Х Was this plan covered by a fidelity bond?..... **4e** 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 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 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 Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... Χ 4i 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 Χ see instructions for format requirements.)..... 4j 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 Χ ı Has the plan failed to provide any benefit when due under the plan?..... 41 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 4m If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?....... X No If "Yes," enter the amount of any plan assets that reverted to the employer this year If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were 5b transferred. (See instructions.) 5b(1) Name of plan(s) 5b(2) EIN(s) 5b(3) PN(s) 5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year

## SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Retirement Plan Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

| For           | r calendar   | plan year 2022 or fiscal plan year beginning 01/01/2022 and en  | ding            | 12/31                            | /2022                   |                                     |                |
|---------------|--|---|-----------------|----------------------------------|-------------------------|-------------------------------------|----------------|
| <b>A</b> 1    | Name of p  |   | В               | Three-digit<br>plan numb<br>(PN) |                         | 002                                 |                |
|               |  |   | _               |                                  |                         |                                     |                |
|               | •  | or's name as shown on line 2a of Form 5500  | D               | Employer I                       | dentifica               | ation Number (EI                    | N)             |
| BK            | (IGHAM Y   | OUNG UNIVERSITY-IDAHO   |                 | 82-020769                        | 9                       |                                     |                |
|               | - · ·  |   |                 |                                  |                         |                                     |                |
|               | Part I   | Distributions   |                 |                                  |                         |                                     |                |
| AII           | reference  | es to distributions relate only to payments of benefits during the plan year.   |                 |                                  |                         |                                     |                |
| 1             |  | ue of distributions paid in property other than in cash or the forms of property specified in the   |                 | . 1                              |                         |                                     | 0              |
| 2             |  | EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during who paid the greatest dollar amounts of benefits):   | g the           | year (if mo                      | re than                 | two, enter EINs                     | of the         |
|               | EIN(s):  | 82-2826183  |                 |                                  |                         |                                     |                |
|               | Profit-e   | naring 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                              |                         |                                     |                |
| F             | Part II  | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part.)  | of se           | ction 412 of                     | the Inte                | ernal Revenue Co                    | ode or         |
| 4             | Is the pla   | n administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?   |                 |                                  | Yes                     | No                                  | X N/A          |
|               |  | an is a defined benefit plan, go to line 8.   |                 |                                  |                         | <u>—</u>                            | _              |
| 5             | If a waiv  | 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  |                 | D                                | ay                      | Year                                |                |
|               |  | completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re   |                 |                                  |                         |                                     |                |
| 6             | •  | the minimum required contribution for this plan year (include any prior year accumulated fundi  |                 | 0                                |                         |                                     |                |
|               |  | iency not waived)   | -               | 6a                               |                         |                                     |                |
|               |  | r the amount contributed by the employer to the plan for this plan year   |                 |                                  |                         |                                     |                |
|               | • Cb.4   |   |                 |                                  |                         |                                     |                |
|               |  | ract the amount in line 6b from the amount in line 6a. Enter the result   |                 |                                  |                         |                                     |                |
|               | (ente  | r a minus sign to the left of a negative amount)  |                 | 6с                               |                         |                                     |                |
|               | (ente  |   |                 | 6c                               | •                       |                                     |                |
| 7             | (ente  | r a minus sign to the left of a negative amount)  |                 |                                  | Yes                     | ☐ No                                | N/A            |
| <u>7</u><br>8 | (enter<br>If you c<br>Will the r<br>If a char<br>authorit  | r a minus sign to the left of a negative amount)  pmpleted line 6c, skip lines 8 and 9.   | her             | [                                | Yes Yes                 | <ul><li>□ No</li><li>□ No</li></ul> | □ N/A          |
| 8             | (enter<br>If you c<br>Will the r<br>If a char<br>authorit  | ompleted line 6c, skip lines 8 and 9.  Ininimum funding amount reported on line 6c be met by the funding deadline?  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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change or a class ruling letter, does the plan sponsor or providing automatic approval for the change of the cha | her             | [                                | <u> </u>                |                                     |                |
| 8<br>P        | (enter If you continued with the result of t | ompleted line 6c, skip lines 8 and 9.  Ininimum funding amount reported on line 6c be met by the funding deadline?  Inige in actuarial cost method was made for this plan year pursuant to a revenue procedure or of a providing automatic approval for the change or a class ruling letter, does the plan sponsor or prator agree with the change?  Amendments   | her             | [                                | <u> </u>                |                                     |                |
| 8             | (enter If you continued with the result of t | ompleted line 6c, skip lines 8 and 9.  Ininimum funding amount reported on line 6c be met by the funding deadline?  In providing automatic approval for the change or a class ruling letter, does the plan sponsor or prator agree with the change?   | her<br>olan     | [                                | Yes                     |                                     |                |
| 8<br>P<br>9   | (enter If you continued with the result of t | r a minus sign to the left of a negative amount)  | her<br>blan     |                                  | Yes                     | □ No                                | N/A            |
| 8<br>P<br>9   | (enter If you continued with the result of t | r a minus sign to the left of a negative amount)  | her<br>olan<br> | Deci                             | Yes<br>rease<br>Revenue | Both e Code, skip this              | N/A            |
| 8<br>9<br>P   | (enter If you continued with the result of t | r a minus sign to the left of a negative amount)  | her plan        | Decine Internal                  | Yes rease Revenue       | Both e Code, skip this              | N/A No Part.   |
| 8<br>P        | (enter If you continued with the result of t | r a minus sign to the left of a negative amount)  | her blan see    | Decine Internal                  | Yes  Pease Revenue an?  | Both e Code, skip this Yes Yes      | No Part. No No |
| 8<br>9<br>P   | (enter If you continued with the result of t | r a minus sign to the left of a negative amount)  | her blan see    | Decine Internal                  | Yes  Pease Revenue an?  | Both e Code, skip this Yes Yes      | No Part.       |

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|------|-----|--|
| Page | 2 - |  |

| Part V Additional Information for Multiemployer Defined Benefit Pension Plans |   |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
| 13  |   | r the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of top-ten highest contributors (measured in dollars). 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   |  |  |  |  |  |  |  |  |
|   | 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   |  |  |  |  |  |  |  |  |
|   | 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   |  |  |  |  |  |  |  |  |
|   | 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   |  |  |  |  |  |  |  |  |
|   | 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   |  |  |  |  |  |  |  |  |
|   | 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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|---|----|----|---|
|   |    |    |   |

Schedule R (Form 5500) 2022

| Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                               |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: I last contributing employer alternative reasonable approximation (see instructions for required attachment) |  |  |  |  |  |  |
| <b>b</b> The plan year immediately preceding the current plan year.   Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)                                      | 14b  |  |  |  |  |  |
| <b>C</b> The second preceding plan year.  Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)  | 14c  |  |  |  |  |  |
| Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to material employer contribution during the current plan year to:  | ke an  |  |  |  |  |  |
| a The corresponding number for the plan year immediately preceding the current plan year   | 15a  |  |  |  |  |  |
| <b>b</b> The corresponding number for the second preceding plan year   | 15b  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 16a  |  |  |  |  |  |
|  | 401  |  |  |  |  |  |
| assessed against such withdrawn employers  | 160  |  |  |  |  |  |
|  |  | · ·  |  |  |  |  |
| art VI Additional Information for Single-Employer and Multiemployer Defined Benef  | it Pension P   | lans   |  |  |  |  |
| and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in  | structions rega  | rding supplemental   |  |  |  |  |
| <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:  |  |  |  |  |  |  |
| PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan the   | at is not covere   | d by DBCC akin line 20   |  |  |  |  |
|  | plan year, whose contributing employer is no longer making contributions to the plan for: <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: | plan year, whose contributing employer is no longer making contributions to the plan for:  a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: |  |  |  |  |

Financial Statements and Supplemental Schedule As of December 31, 2022 and 2021 and for the Year Ended December 31, 2022



Financial Statements and Supplemental Schedule As of December 31, 2022 and 2021 and for the Year Ended December 31, 2022

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#### **Independent Auditor's Report**

The Plan Administrator Brigham Young University-Idaho Tax-Deferred Annuity Plan Rexburg, Idaho

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

We were engaged to perform audits of the financial statements of Brigham Young University-Idaho Tax-Deferred Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### Disclaimer of Opinion

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

#### Basis for Disclaimer of Opinion

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

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



#### Responsibilities of Management for the Financial Statements

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

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

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

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

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

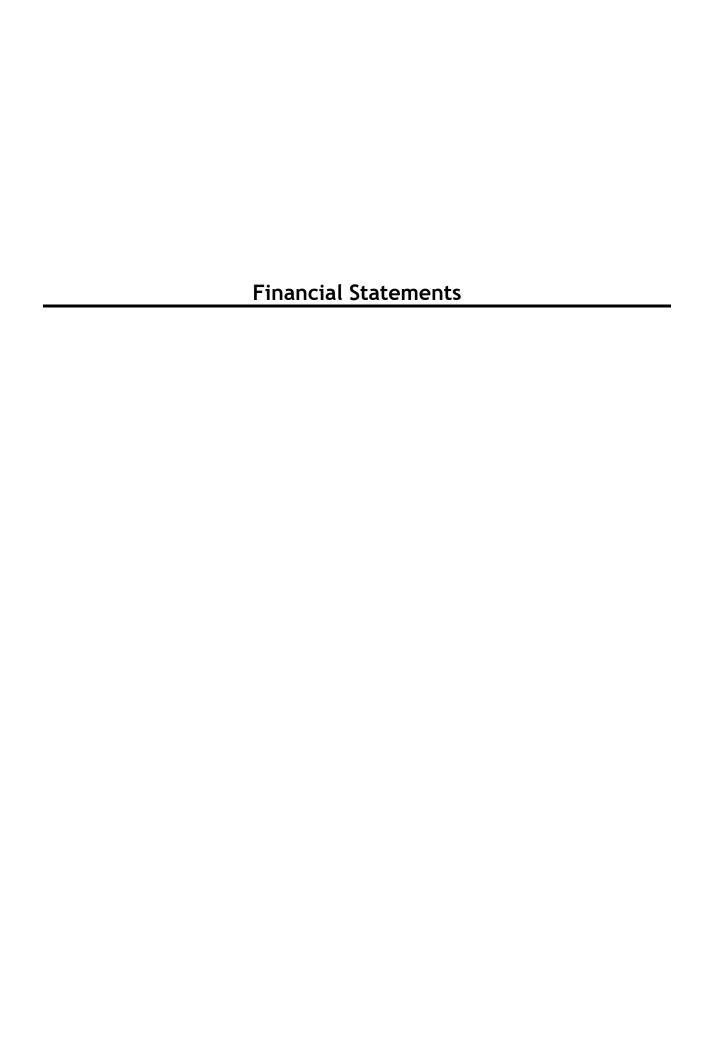
We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

#### Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not, express an opinion on the supplemental schedule referred to above.

September 6, 2023

BBO USA, P.C.



## Statements of Net Assets Available for Benefits

| December 31,   | 2022                         | 2021                         |
|--|------------------------------|------------------------------|
| Assets   |                              |                              |
| Investments: Investments, at fair value Investments, at contract value | \$<br>5,821,818<br>2,679,147 | \$<br>7,214,233<br>2,553,894 |
| Net Assets Available for Benefits                                      | \$<br>8,500,965              | \$<br>9,768,127              |

See accompanying notes to financial statements.

## Statement of Changes in Net Assets Available for Benefits

| Year ended December 31, 2022  |                         |
|---|-------------------------|
| Additions Contributions: Participant Rollovers  | \$<br>55,277<br>244,583 |
| Total Contributions   | 299,860                 |
| Investment income (loss): Net depreciation in fair value of investments Interest income | (1,086,652)<br>117,554  |
| Total Investment Loss   | (969,098)               |
| Total Additions, net of investment loss   | (669,238)               |
| Deductions Benefits paid to participants  | (597,924)               |
| Net Decrease in Net Assets Available for Benefits                                       | (1,267,162)             |
| Net Assets Available for Benefits, beginning of year                                    | 9,768,127               |
| Net Assets Available for Benefits, end of year  | \$<br>8,500,965         |

See accompanying notes to financial statements.

#### Notes to Financial Statements

#### 1. Description of the Plan

The following description of Brigham Young University-Idaho 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-Idaho (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 July 1, 1992. The Plan has since been amended to comply with regulations and other Employer-specific amendments.

#### Custodian, Issuer, and Administration of the Plan

The recordkeeper of the Plan is Teachers Insurance Annuity Association of America (TIAA). The custodian and issuer of the insurance products held in the Plan are TIAA and College Retirement Equity Fund (CREF) (collectively, TIAA-CREF). The administrator of the Plan is the Employer. TIAA-CREF holds all assets of the Plan in accordance with the provisions of the service provider agreement with the Plan Sponsor.

#### **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.

#### **Vesting and Payment of Benefits**

Participants are immediately vested in their contributions, adjusted for investment earnings and changes in investment values allocated thereto.

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  $59\frac{1}{2}$ , or eligibility for a Qualified Reservist Distribution, or termination of the Plan subject to Treasury Regulation 1.403(b)-10.

#### **Notes to Financial Statements**

#### Notes Receivable from Participants

An employee may, with the consent of the Plan Administrator, borrow up to the lesser of \$50,000 or one-half of their vested balance. Notes are subject to certain other restrictions outlined in the individual participant contracts with TIAA. A participant's note is considered to be defaulted if such participant fails to make a principal and/or interest payment as provided in the note agreement, or if it is not made current by the end of the quarter following the quarter when the missed payment was due. Principal and interest are paid ratably through regular payroll deductions. For the years ended December 31, 2022 and 2021 there were no outstanding notes.

#### Participants' Accounts

Each participant's account is credited with the participant's transferred in and rollover contributions, participant contributions, and an allocation of net Plan investment earnings and losses, and charged with distributions and expenses. The investment earnings or losses are allocated to each participant's account in the proportion that the balance of each participant's account bears to the total balance of all participants in each investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balance into various investment options offered by the Plan and may change their investment options at any time.

#### 2. Summary of Significant Accounting Policies

#### **Annual Reporting Requirements**

Prior to January 1, 2009, 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, 2009. 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.

#### 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

#### **Notes to Financial Statements**

or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Employer determines the Plan's valuation policies from information provided by TIAA-CREF.

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 requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable 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. Net appreciation (depreciation) includes the Plan's gains and losses for investments bought and sold, as well as held during the year.

#### **Contributions**

Participant contributions are recognized in the period during which the Employer makes payroll deductions from the participant's compensation.

#### Payment of Benefits

Benefit payments are recorded as deductions when paid. At December 31, 2022 and 2021, there were no benefits requested that had not been paid.

#### Administrative Expense

Certain costs of administering the Plan and investment services are charged to participants by netting the expense ratio with the return of the individual investment. The expense ratios of the investments ranged from 0.385% to 1.220% for the year ended December 31, 2022. Net appreciation or depreciation in the fair value of investments, as shown in the accompanying statement of changes in net assets available for benefits, is net of such expenses, which amounted to \$30,569 for the year ended December 31, 2022. All other costs of administering the Plan are paid by the Employer and are excluded from these financial statements.

#### 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.

#### **Notes to Financial Statements**

#### 3. Certified Investment Information

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA-CREF, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Total investment loss as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2022.
- Investment amounts included in the notes to financial statements.
- Investment information included in the Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2022, as shown on the ERISA-required supplemental schedule.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule and reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP and whether the supplemental schedule is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

#### 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.

#### **Notes to Financial Statements**

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.

The 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, 2022 and 2021.

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-CREF, is used as a practical expedient to estimate fair value. The PSA holds between 15% and 25% of its net assets in investments other than real estate and real estate-related investments, comprised of publicly 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 NAV 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-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.

#### **Notes to Financial Statements**

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-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.

Variable Annuity Contracts - The value of the variable annuity contracts is determined at the close of each business day at unit value (NAV as a practical expedient) and based on the fair value of the underlying investments. The underlying investments in the variable annuity contracts are invested in registered investment companies, which are valued at quoted market prices in an exchange and active market. There are no restrictions on the trading or withdrawals of these investments.

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

December 31,

|   | Fair '      | Value        |                      | <b>D</b> 1              | <b>5</b>                    |
|---|-------------|--------------|----------------------|-------------------------|-----------------------------|
|   | 2022        | 2021         | Unfunded Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
| Multi-asset   | \$ 200,856  | \$ 254,587   | \$ -                 | Daily                   | None                        |
| Equities  | 3,694,568   | 4,717,221    | -                    | Daily                   | None                        |
| Fixed income  | 407,301     | 469,095      | -                    | Daily                   | None                        |
| Money market  | 118         | 138,767      | -                    | Daily                   | None                        |
| Real estate   | 641,883     | 631,624      | -                    | Daily                   | None                        |
| Lifecycle   | 255,803     | 295,684      | -                    | Daily                   | None                        |
| Total Investments, measured at NAV as practical expedient | \$5,200,529 | \$ 6,506,978 | \$ -                 |                         |                             |

The investment objectives for the investments measured using the net asset value are as follows:

*Multi-Asset* - This fund primarily invests in domestic common stocks, mortgage-backed securities, and municipal bonds that meet certain social criteria including specified environmental, social, and governance criteria.

*Equities* - These investments are primarily invested in domestic and foreign common stocks to meet a specified favorable long-term rate of return.

Fixed Income - These investments are primarily invested in U.S. Treasury securities and mortgage-backed securities with high income yields, returns that are expected to outpace inflation, or returns that are designed to track a specified inflation index.

*Money Market* - These investments are primarily invested in commercial paper, foreign government bonds, U.S. government fixed-income securities, U.S. Treasury debt, and variable rate securities.

#### **Notes to Financial Statements**

Real Estate - The investment objective of the TIAA Real Estate Account, the PSA offered by the Plan, is to seek long-term returns primarily through rental income and appreciation of real estate owned by the account.

*Lifecycle* - The investments seek high total return over time through a combination of capital appreciation and income. Each of the lifecycle funds is designed to provide a single diversified portfolio managed with a target retirement date in mind.

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.

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

#### December 31, 2022

| December 51, 2022  |                 |    |         |         |               |
|--|-----------------|----|---------|---------|---------------|
|  | Total           |    | Level 1 | Level 2 | Level 3       |
| Fixed annuity contracts (NFBR)                           | \$<br>621,289   | \$ | -       | \$<br>- | \$<br>621,289 |
| Total  | 621,289         | \$ | -       | \$<br>- | \$<br>621,289 |
| Investments, measured at NAV as the practical expedient* | <br>5,200,529   | _  |         |         |               |
| Total Investments, at fair value                         | \$<br>5,821,818 |    |         |         |               |
| December 31, 2021  |                 |    |         |         |               |
|  | Total           |    | Level 1 | Level 2 | Level 3       |
| Fixed annuity contracts (NFBR)                           | \$<br>707,255   | \$ | -       | \$<br>- | \$<br>707,255 |
| Total  | 707,255         | \$ | -       | \$<br>- | \$<br>707,255 |
| Investments, measured at NAV as the practical expedient* | <br>6,506,978   |    |         |         |               |
| Total Investments, at fair value                         | \$<br>7,214,233 |    |         |         |               |

<sup>\*</sup> 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 statements of net assets available for benefits.

#### Notes to Financial Statements

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2022:

|                        | Fixed An<br>Cont | nuity<br>racts |
|------------------------|------------------|----------------|
| Purchases<br>Issuances | \$               | -              |
| Transfers in           | 40               | 0,388          |
| Transfers out          | (94              | 4,624)         |

## 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:

#### December 31, 2022

| Instrument               | Fair Value    | Principal<br>Valuation<br>Technique                                | Unobservable<br>Inputs                    | Range of<br>Significant<br>Input Values (%) |
|--------------------------|---------------|--|---|---|
| TIAA Traditional Annuity | \$<br>621,289 | Discounted<br>cash flow<br>Theoretical<br>transfer<br>(exit value) | Risk-adjusted<br>discount<br>rate applied | 3-6.25                                      |
| December 31, 2021        |               |  |   |   |
| Instrument               | Fair Value    | Principal<br>Valuation<br>Technique                                | Unobservable<br>Inputs                    | Range of<br>Significant<br>Input Values (%) |
| TIAA Traditional Annuity | \$<br>707,255 | Discounted<br>cash flow<br>Theoretical<br>transfer<br>(exit value) | Risk-adjusted<br>discount<br>rate applied | 3-3.80                                      |

#### 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 TIAA, an insurance company registered in the state of New York. This investment option is offered in a variety of formats, including Retirement Annuities (RA) and Group Supplemental Retirement Annuities (GSRA). 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 12-month declaration year.

#### **Notes to Financial Statements**

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.

During the year ended December 31, 2022, the crediting rates of the annuity contracts range as follows:

|      | Range (%) |
|------|-----------|
| RA   | 3.70-6.25 |
| GSRA | 3.00-5.50 |

RA account balances may only be withdrawn over ten annual payments. RAs are not considered to be fully benefit-responsive investment contracts as defined by Accounting Standards Codification (ASC) 962, because this provision is considered to restrict participants' "reasonable access" to their contract balances.

GSRAs are considered fully benefit-responsive investment contracts because they are fully liquid and immediately cashable once a participant terminates employment with the Employer and are, therefore, reported at contract value. Contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals.

#### 5. Party-in-Interest Transactions

The Plan's investments are managed by TIAA-CREF; therefore, investment transactions with TIAA-CREF qualify as party-in-interest transactions as defined by ERISA. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

#### 6. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan 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 Plan Sponsor adopted the pre-approved ERISA 403(b) Volume Submitter Plan document on April 21, 2020, with an effective date of January 1, 2010. The standardized plan received a favorable opinion letter from the IRS on August 7, 2017, stating that the written form of the underlying standardized plan document is qualified under Section 403(b) of the IRC and that any employer adopting the standardized plan is considered to have a qualified plan under the IRC and qualify as exempt from taxation. Therefore, no provision for income taxes has been included in the Plan's financial statements.

#### **Notes to Financial Statements**

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

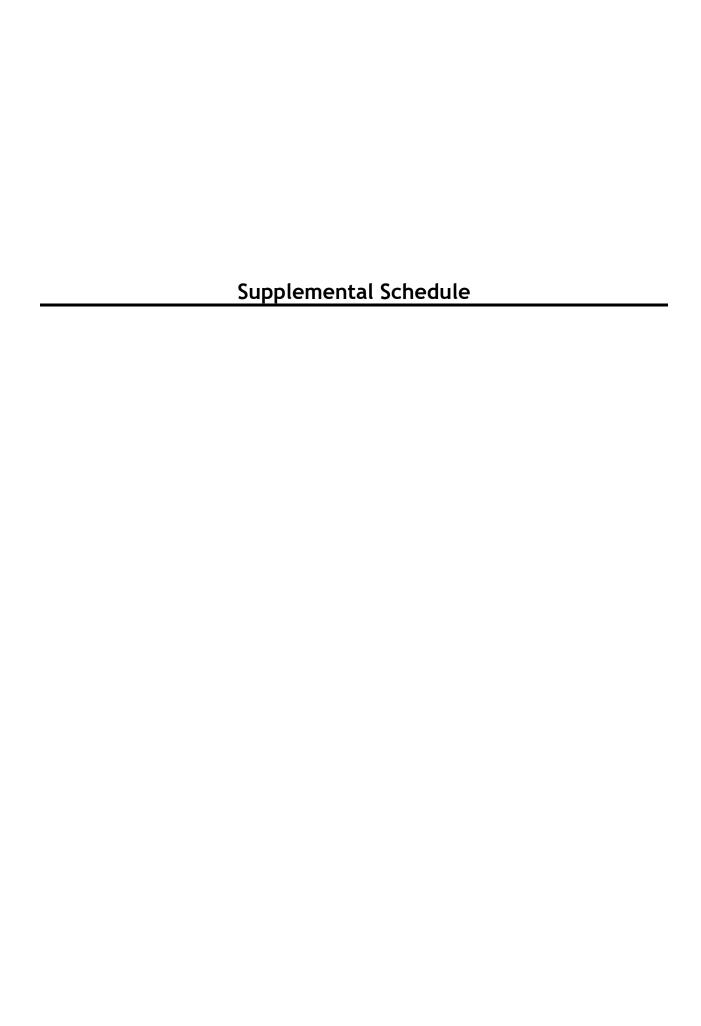
#### 8. Concentrations, Risks, and Uncertainties

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.

Investments in the TIAA Traditional Benefit-Responsive Annuity, CREF Stock, and CFEF Global Equities represented 32%, 20%, and 10% at December 31, 2022, respectively, and 33%, 22%, and 11% at December 31, 2021, respectively, of the Plan's total investments.

#### 9. Subsequent Events

Plan management has evaluated subsequent events through September 6, 2023, which is the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that require recognition or disclosure in the financial statements.



Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 82-0207699 Plan Number: 002

| (a)  | (b)                              | (c)                                | (d)    | (e)             |
|------|----------------------------------|------------------------------------|--------|-----------------|
| (\$) | (2)                              | Description of Investment,         | (=)    | (0)             |
|      |                                  | Including Maturity Date,           |        |                 |
|      | Identity of Issuer, Borrower,    | Rate of Interest, Collateral,      |        | Current         |
|      | Lessor, or Similar Party         | Par, or Maturity Value             | Cost** | Value           |
|      | Registered Investments           |                                    |        |                 |
| *    | CREF                             | CREF Stock                         |        | \$<br>1,717,189 |
| *    | CREF                             | CREF Money Market                  |        | 118             |
| *    | CREF                             | CREF Social Choice                 |        | 188,736         |
| *    | CREF                             | CREF Bond Market                   |        | 227,500         |
| *    | CREF                             | CREF Global Equities               |        | 835,382         |
| *    | CREF                             | CREF Growth                        |        | 510,860         |
| *    | CREF                             | CREF Equity Index                  |        | 354,800         |
| *    | CREF                             | CREF Inflation-Linked Bond         |        | 165,183         |
|      | Total Registered Investments     |                                    |        | 3,999,768       |
|      | Variable Annuity Contracts       |                                    |        |                 |
| *    | TIAA-CREF                        | TIAA Access Core Bond Plus         |        | 14,618          |
| *    | TIAA-CREF                        | TIAA Access International Equity   |        | 70,841          |
| *    | TIAA-CREF                        | TIAA Access Large Cap Growth       |        | 30,986          |
| *    | TIAA-CREF                        | TIAA Access Large Cap Value        |        | 49,007          |
| *    | TIAA-CREF                        | TIAA Access Lifecycle 2010         |        | 2,240           |
| *    | TIAA-CREF                        | TIAA Access Lifecycle 2020         |        | 234,731         |
| *    | TIAA-CREF                        | TIAA Access Lifecycle 2035         |        | 18,832          |
| *    | TIAA-CREF                        | TIAA Access Mid Cap Growth         |        | 27,828          |
| *    | TIAA-CREF                        | TIAA Access Mid Cap Value          |        | 43,994          |
| *    | TIAA-CREF                        | TIAA Access Real Estate            |        | 31,645          |
| *    | TIAA-CREF                        | TIAA Access Small Cap Blend        |        | 43,765          |
| *    | TIAA-CREF                        | TIAA Access Quant Small Cap Equity |        | 9,915           |
| *    | TIAA-CREF                        | TIAA Access Social Choice          |        | 12,121          |
|      | Total Variable Annuity Contracts |                                    |        | 590,523         |
|      | Fixed Annuity Contracts          |                                    |        |                 |
| *    | TIAA                             | Traditional Benefit Responsive     |        | 2,679,147       |
| *    | TIAA                             | Traditional Non-Benefit Responsive |        | 621,289         |
|      | Total Fixed Annuity Contracts    |                                    |        | 3,300,436       |
|      | Pooled Separate Account          |                                    |        |                 |
| *    | TIAA                             | TIAA Real Estate                   |        | 610,238         |
|      |                                  |                                    |        |                 |

<sup>\*</sup> A party-in-interest, as defined by ERISA.

<sup>\*\*</sup> The cost of participant-directed investments is not required to be disclosed.

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

Name of Plan:

#### ▶ Brigham Young University-Idaho Tax Deferred Annuity Plan

Employer Identification Number: ► 82-0207699

For plan year (beginning/ending):► 1/1/2022 to 12/31/2022 Plan number:► 002

|     |   | (c) Description of investment including maturity date, rate of |      |                   |
|-----|---|--|------|-------------------|
| (a) | (b) Identity of issue, borrower, lessor, or similar party | interest, collateral, par or maturity value (d) (              | Cost | (e) Current value |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Benefit Responsive                            | \$   | 2,679,146.94      |
| *   | College Retirement Equities Fund variable annuities       | TIAA Traditional Non Benefit Responsive                        | \$   | 621,288.73        |
| *   | College Retirement Equities Fund variable annuities       | CREF Stock R1  | \$   | 1,717,188.98      |
| *   | College Retirement Equities Fund variable annuities       | CREF Money Market R1   | \$   | 118.26            |
| *   | College Retirement Equities Fund variable annuities       | CREF Social Choice R1  | \$   | 188,735.55        |
| *   | College Retirement Equities Fund variable annuities       | CREF Global Equities R1  | \$   | 835,381.97        |
| *   | College Retirement Equities Fund variable annuities       | CREF Growth R1   | \$   | 510,859.90        |
| *   | College Retirement Equities Fund variable annuities       | CREF Equity Index R1   | \$   | 354,800.31        |
| *   | College Retirement Equities Fund variable annuities       | CREF Inflation-Linked Bond R1                                  | \$   | 165,182.78        |
| *   | College Retirement Equities Fund variable annuities       | TIAA Real Estate   | \$   | 610,238.24        |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Core Bond Plus T4                                  | \$   | 14,618.30         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Intl Equity T4                                     | \$   | 70,841.31         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lg-Cap Gr T4                                       | \$   | 30,986.11         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lg-Cap Val T4                                      | \$   | 49,007.46         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2010 T4                                  | \$   | 2,240.19          |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2020 T4                                  | \$   | 234,730.59        |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Lifecycle 2035 T4                                  | \$   | 18,831.90         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Mid-Cap Gr T4                                      | \$   | 27,827.55         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Mid-Cap Val T4                                     | \$   | 43,993.56         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Real Est Secs T4                                   | \$   | 31,644.56         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Sm-Cap Bl Idx T4                                   | \$   | 43,764.50         |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Quant Sml Cp Eq T4                                 | \$   | 9,916.70          |
| *   | College Retirement Equities Fund variable annuities       | TIAA Access Social Ch Eq T4                                    | \$   | 12,120.59         |
| *   | College Retirement Equities Fund variable annuities       | CREF Core Bond R1  | \$   | 227,499.99        |
|     |   |  |      |                   |
|     | Grand Total   |  | \$   | 8,500,965         |