

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan<br/><br/> <input checked="" type="checkbox"/> a single-employer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/> <input type="checkbox"/> a DFE (specify) _____         </div> </div> |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div>                                                                                                               |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension<br/> <input type="checkbox"/> the DFVC program         </div> </div>                                                                                                                                          |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                     |

|                |                                                                                                                                                                                                                                                                                                                                                                   |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                     |
| <b>1a</b>      | Name of plan<br><u>OSU FOUNDATION 403(B) PLAN</u>                                                                                                                                                                                                                                                                                                                 |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>002</u>                                                                                                                                                                                                                                                                                                                         |
| <b>1c</b>      | Effective date of plan<br><u>01/01/2009</u>                                                                                                                                                                                                                                                                                                                       |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>OREGON STATE UNIVERSITY FOUNDATION</u><br><br><u>4238 SW RESEARCH WAY</u><br><u>CORVALLIS, OR 97333</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>93-6022772</u>                                                                                                                                                                                                                                                                                                         |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>800-354-7281</u>                                                                                                                                                                                                                                                                                                            |
| <b>2d</b>      | Business code (see instructions)<br><u>611000</u>                                                                                                                                                                                                                                                                                                                 |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/27/2022 | STEVEN M. SCHAUBLE                                           |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 194 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 161 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 152 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 45  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 197 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 197 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 98  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2G 2L 2M                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

---

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

---

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

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

---

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

---

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

---

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                              |                                                      |
|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021   |                                                      |
| A Name of plan<br>OSU FOUNDATION 403(B) PLAN                                                 | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>OREGON STATE UNIVERSITY FOUNDATION | D Employer Identification Number (EIN)<br>93-6022772 |

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

1 Coverage Information:

(a) Name of insurance carrier  
TIAA-CREF

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-1624203 | 69345         | 358857                                | 39                                                                          | 01/01/2021              | 12/31/2021 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |         |
|----------|-----------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 771247  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 3328870 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☒ guaranteed investment (4) ☐ other ▶

|          |                                               |           |        |
|----------|-----------------------------------------------|-----------|--------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 731973 |
|----------|-----------------------------------------------|-----------|--------|

|          |                                                              |              |       |  |
|----------|--------------------------------------------------------------|--------------|-------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 4391  |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |       |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 22462 |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 12421 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |       |  |
|          | ▶                                                            |              |       |  |

|                           |              |       |
|---------------------------|--------------|-------|
| (6) Total additions ..... | <b>7c(6)</b> | 39274 |
|---------------------------|--------------|-------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 771247 |
|---------------------------------------------------------------------------------------|-----------|--------|

|          |                                                                                 |              |  |  |
|----------|---------------------------------------------------------------------------------|--------------|--|--|
| <b>e</b> | Deductions:                                                                     |              |  |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |  |
|          | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> |  |  |
|          | (3) Transferred to separate account.....                                        | <b>7e(3)</b> |  |  |
|          | (4) Other (specify below) .....                                                 | <b>7e(4)</b> |  |  |
|          | ▶                                                                               |              |  |  |

|                            |              |  |
|----------------------------|--------------|--|
| (5) Total deductions ..... | <b>7e(5)</b> |  |
|----------------------------|--------------|--|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 771247 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                              |                                                      |
|----------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021   |                                                      |
| A Name of plan<br>OSU FOUNDATION 403(B) PLAN                                                 | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>OREGON STATE UNIVERSITY FOUNDATION | D Employer Identification Number (EIN)<br>93-6022772 |

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

1 Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 74-1625348 | 70238         | 44898                                 | 6                                                                           | 01/01/2021              | 12/31/2021 |

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

|                                              |                               |
|----------------------------------------------|-------------------------------|
| (a) Total amount of commissions paid<br>1075 | (b) Total amount of fees paid |
|----------------------------------------------|-------------------------------|

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 995                                           |                                 |             | 3                     |

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 40                                            |                                 |             | 3                     |

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

DE LA CRUZ, ELKE

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 40                                            |                                 |             | 3                     |

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |        |
|----------|-----------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 163738 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 388101 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|          |                                               |           |        |
|----------|-----------------------------------------------|-----------|--------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 158374 |
|----------|-----------------------------------------------|-----------|--------|

|          |                                                              |              |      |  |
|----------|--------------------------------------------------------------|--------------|------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |      |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |      |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 4766 |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 619  |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |      |  |
|          | ▶                                                            |              |      |  |

|                           |              |      |
|---------------------------|--------------|------|
| (6) Total additions ..... | <b>7c(6)</b> | 5385 |
|---------------------------|--------------|------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 163759 |
|---------------------------------------------------------------------------------------|-----------|--------|

|                                                                           |              |    |  |  |
|---------------------------------------------------------------------------|--------------|----|--|--|
| <b>e</b> Deductions:                                                      |              |    |  |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |    |  |  |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |    |  |  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> |    |  |  |
| (4) Other (specify below) .....                                           | <b>7e(4)</b> | 21 |  |  |
| ▶ <b>CONTRACT SURRENDER CHARGES</b>                                       |              |    |  |  |

|                            |              |    |
|----------------------------|--------------|----|
| (5) Total deductions ..... | <b>7e(5)</b> | 21 |
|----------------------------|--------------|----|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 163738 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>OSU FOUNDATION 403(B) PLAN                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>OREGON STATE UNIVERSITY FOUNDATION                                                                                                                 | <b>D</b> Employer Identification Number (EIN)<br>93-6022772                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TIAA                                                                                                              |
| 13-1624203                                                                                                        |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VARIABLE ANNUITY LIFE INSURANCE CO                                                                                |
| 74-1625348                                                                                                        |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                            |                                                                    |            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b>   |                                                                    |            |
| <b>A</b> Name of plan<br><b>OSU FOUNDATION 403(B) PLAN</b>                                                 | <b>B</b> Three-digit plan number (PN) ►                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>OREGON STATE UNIVERSITY FOUNDATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>93-6022772</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       | 4383            |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 137033                | 223368          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 6557503               | 8256564         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 887265                | 931772          |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 7581801               | 9416087         |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |  |  |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 7581801 | 9416087 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 489162     |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 179743     |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 668905    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 22         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 5074       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 5096      |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 332999     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 332999    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (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) |            | 894238    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1901238   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 65815      |           |
| (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)  |            | 65815     |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 1137       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 1137      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 66952     |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 1834286   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: JONES & ROTH, PC

(2) EIN: 93-0819646

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 8432   |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>c</b> 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.) .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                 |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                         |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>g</b> 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? .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>h</b> 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? .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                  | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                    |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>n</b> 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. ....                                                                                                                                                                                                        |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |        |
| <b>5b</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                    |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                    | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |                    |        |

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>OSU FOUNDATION 403(B) PLAN                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>OREGON STATE UNIVERSITY FOUNDATION                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>93-6022772                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-2647786 13-1624203                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2021 v. 201209                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year .....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**OSU FOUNDATION 403(b) PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES**

**For the Years Ended December 31, 2021 and 2020**



OSU FOUNDATION 403(b) PLAN  
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES  
For the Years Ended December 31, 2021 and 2020

TABLE OF CONTENTS

|                                                                        | <u>Page</u> |
|------------------------------------------------------------------------|-------------|
| Independent Auditor's Report                                           | 1 - 4       |
| Financial Statements:                                                  |             |
| Statements of Net Assets Available for Benefits                        | 5           |
| Statements of Changes in Net Assets Available for Benefits             | 6           |
| Notes to Financial Statements                                          | 7 - 13      |
| Supplemental Schedules:                                                |             |
| Schedule of Assets Held for Investment Purposes - Schedule H, Line 4i  | 14 - 17     |
| Schedule of Delinquent Participant Contributions - Schedule H, Line 4a | 18          |

## INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee  
OSU Foundation 403(b) Plan  
Corvallis, Oregon

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of OSU Foundation 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of OSU Foundation 403(b) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the 2021 Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about OSU Foundation 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of OSU Foundation 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about OSU Foundation 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

## **Other Matters**

### *2021 Supplemental Schedules Required by ERISA*

The supplemental schedules of assets held for investment purposes and delinquent participant contributions as of and for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

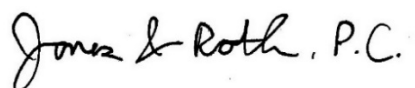
In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of OSU Foundation 403(b) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 1, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements; and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Jones & Roth, P.C." in a cursive, slightly stylized font.

Jones & Roth, P.C.  
Bend, Oregon  
September 22, 2022

## FINANCIAL STATEMENTS

OSU FOUNDATION 403(b) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2021 and 2020

|                                              | <u>2021</u>                    | <u>2020</u>                    |
|----------------------------------------------|--------------------------------|--------------------------------|
| <b>Investments, at fair value</b>            |                                |                                |
| Registered investment companies              | \$ 4,924,482                   | \$ 3,795,547                   |
| Variable annuity contracts                   | 3,332,082                      | 2,707,313                      |
| Cash equivalents                             | <u>223,368</u>                 | <u>191,676</u>                 |
| <br>Total investments, at fair value         | <br>8,479,932                  | <br>6,694,536                  |
| <b>Investments, at contract value</b>        |                                |                                |
| Fixed annuity contracts                      | <u>931,772</u>                 | <u>887,265</u>                 |
| <br><b>Receivables</b>                       |                                |                                |
| Employee contributions                       | <u>4,383</u>                   | <u>-</u>                       |
| <br><b>Net assets available for benefits</b> | <br><u><u>\$ 9,416,087</u></u> | <br><u><u>\$ 7,581,801</u></u> |

The accompanying notes are an integral part of these statements.

OSU FOUNDATION 403(b) PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the Years Ended December 31, 2021 and 2020

|                                                       | <u>2021</u>                | <u>2020</u>                |
|-------------------------------------------------------|----------------------------|----------------------------|
| <b>Additions to net assets attributed to</b>          |                            |                            |
| Investment income:                                    |                            |                            |
| Net change in fair value of investments               | \$ 894,238                 | \$ 840,775                 |
| Interest and dividend income                          | <u>338,095</u>             | <u>162,108</u>             |
| Total investment income                               | <u>1,232,333</u>           | <u>1,002,883</u>           |
| Contributions:                                        |                            |                            |
| Participant deferrals                                 | 489,162                    | 473,841                    |
| Rollovers                                             | <u>179,743</u>             | <u>93,638</u>              |
| Total contributions                                   | <u>668,905</u>             | <u>567,479</u>             |
| Total additions                                       | <u>1,901,238</u>           | <u>1,570,362</u>           |
| <b>Deductions from net assets attributed to</b>       |                            |                            |
| Benefits paid to participants                         | 65,815                     | 455,287                    |
| Administrative expenses and fees                      | <u>1,137</u>               | <u>1,315</u>               |
| Total deductions                                      | <u>66,952</u>              | <u>456,602</u>             |
| <b>Net increase in assets available for benefits</b>  | 1,834,286                  | 1,113,760                  |
| Net assets available for benefits, beginning of year  | <u>7,581,801</u>           | <u>6,468,041</u>           |
| <b>Net assets available for benefits, end of year</b> | <u><u>\$ 9,416,087</u></u> | <u><u>\$ 7,581,801</u></u> |

The accompanying notes are an integral part of these statements.

## OSU FOUNDATION 403(b) PLAN NOTES TO FINANCIAL STATEMENTS

### 1. Plan Description

This description of OSU Foundation 403(b) Plan (the Plan) is provided for general information purposes. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

#### General

The Plan was adopted on January 1, 1997, for employees of the Oregon State University (OSU) Foundation (the Foundation). The Plan is a defined contribution plan covering all employees of the Foundation. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was restated effective January 1, 2009, in part to reflect provisions of final regulations under Section 403(b) of the Internal Revenue Code (IRC). The Plan is administered by a committee of Foundation management.

#### Contributions

Participants may elect cash amounts to be contributed to their account in lieu of receiving cash payments directly as salary or wages. However, such amounts may not cause the participant's total contributions to exceed limitations provided by the IRC. Additionally, employees age 50 or older are eligible to contribute "catch-up" contributions up to Internal Revenue Service (IRS) limits. The Plan also allows for participants to make rollover contributions from existing qualified plans into the Plan. All contributions and earnings thereon are fully vested.

Participants may direct the investment of their contributions into various investments offered by Fidelity Investments, Variable Annuity Life Insurance Company (VALIC), and Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA-CREF).

The Foundation does not contribute to the Plan.

#### Participant Accounts

Each participant's account is credited with the participant's contributions and net earnings on the specific investments held in the participant's account. Participant accounts are charged with an allocation of administrative expenses paid by the Plan, if any. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum of the lesser of \$50,000 or 50 percent of their account balance, subject to the requirements of the custodian(s) of the participant's account. The loans are secured by a portion of the balance in the participant's account and bear interest at rates prevailing at the time of the loan origination. There were no direct participant loans at December 31, 2021 and 2020.

As a result of the Coronavirus Aid, Relief and Economic Security (CARES) Act signed into law on March 27, 2020, the maximum loan amount increased to the lesser of \$100,000 or 100 percent of a participant's vested balance. This temporary relief only applies to loans initiated through September 22, 2020.

OSU FOUNDATION 403(b) PLAN  
NOTES TO FINANCIAL STATEMENTS

**1. Plan Description, continued**

**Notes Receivable from Participants, continued**

Additionally, custodians may allow participants to borrow directly from the custodians' general assets. These loans are secured by the balance in the participant's account, which may be redirected to a fixed annuity contract or other stable value investment. These loans, referred to as Plan loans, are not reported as separate assets on the accompanying statements of net assets available for benefits. At December 31, 2021 and 2020, \$3,212 and \$4,361, respectively, of participant balances were secured as collateral for these loans.

**Payment of Benefits**

In the event of death, disability, retirement, or termination of employment, the participant's account balance is payable as soon as administratively feasible after the date of the event. In-service distributions are available at attainment of age 59½. In-service distributions for hardships are also available on account of an immediate and heavy financial need of the participant, subject to the Plan's rules governing hardship withdrawals.

Under the CARES Act, signed into law on March 27, 2020, qualifying participants affected by the COVID-19 coronavirus pandemic were eligible to take early withdrawals up to \$100,000, subject to special rules under the Act.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

Investments, with the exception of the investments discussed in Note 3, are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 9 for a discussion of fair value measurements. The Plan's investment in the TIAA Traditional Annuity fixed rate annuity contract and VALIC fixed annuity contracts are carried at contract value, which represents the invested principal plus credited interest.

Investments held by retirement plans qualified under IRC Section 403(b) are limited to registered investment companies (mutual funds) and fixed or variable annuity contracts.

OSU FOUNDATION 403(b) PLAN  
NOTES TO FINANCIAL STATEMENTS

**2. Summary of Significant Accounting Policies, continued**

**Investment Valuation and Income Recognition, continued**

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses and Fees**

All expenses of maintaining the Plan, other than incidental recordkeeping and transaction fees charged to participant accounts, are paid by the Foundation, and therefore excluded from these financial statements. Investment related expenses are included in net change in fair value of investments.

**3. Investments**

The TIAA Traditional Annuity is a fixed rate annuity contract that is fully and unconditionally guaranteed by TIAA and provides a guarantee of principal, a guaranteed minimum rate of interest between 1.00 percent and 3.00 percent, and the potential for additional interest if declared by TIAA. The TIAA Traditional Annuity is considered fully benefit-responsive and is reported at contract value, which is reasonably representative of fair value. The crediting rate for the TIAA Traditional Annuity at December 31, 2021 and 2020 was 3.00 percent.

The Fixed Account Plus and Short Term Fixed Account are fixed rate annuity contracts guaranteed by VALIC which provide a guarantee of principal and a guaranteed minimum rate of interest for the life of the contract of no less than 1 percent. There is no charge for cash surrender or withdrawals. The contracts are considered fully benefit-responsive and are reported at contract value.

**4. Information Certified by the Custodians**

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.1038 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the custodians of the Plan as complete and accurate as of and for the years ended December 31, 2021 and 2020, except for comparing such information certified by the custodians to information included in the Plan's financial statements and supplemental schedules.

OSU FOUNDATION 403(b) PLAN  
NOTES TO FINANCIAL STATEMENTS

**4. Information Certified by the Custodians, continued**

The following information was obtained from data that has been prepared and certified as complete and accurate by Fidelity Management Trust Company:

|                                     | <u>2021</u>  |    | <u>2020</u> |
|-------------------------------------|--------------|----|-------------|
| Investments at fair value           | \$ 4,759,747 | \$ | 3,692,678   |
| Change in fair value of investments | 315,147      |    | 375,175     |
| Dividend income                     | 332,999      |    | 156,246     |

The following information was obtained from data that has been prepared and certified as complete and accurate by VALIC:

|                                     | <u>2021</u> |    | <u>2020</u> |
|-------------------------------------|-------------|----|-------------|
| Investments at fair value           | \$ 388,103  | \$ | 294,545     |
| Investments at contract value       | 163,737     |    | 158,374     |
| Change in fair value of investments | 65,470      |    | 31,800      |
| Interest income                     | 4,766       |    | 4,609       |

The following information was obtained from data that has been prepared and certified as complete and accurate by TIAA-CREF:

|                                     | <u>2021</u>  |    | <u>2020</u> |
|-------------------------------------|--------------|----|-------------|
| Investments at fair value           | \$ 3,332,082 | \$ | 2,707,313   |
| Investments at contract value       | 768,035      |    | 728,891     |
| Change in fair value of investments | 513,621      |    | 433,800     |
| Interest income                     | 330          |    | 1,253       |

**5. Plan Termination**

Although it has not expressed any intent to do so, the Foundation has the right under the Plan to terminate the Plan, subject to the provisions of ERISA.

**6. Tax Status**

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b).

U.S. 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 applicable taxing authorities. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

OSU FOUNDATION 403(b) PLAN  
NOTES TO FINANCIAL STATEMENTS

## 7. 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 statement of net assets available for benefits.

## 8. Party in Interest Transactions

Certain Plan investments are shares of mutual funds managed by one of the investment providers of the Plan, or shares of a fixed or variable annuity contract with one of the providers. These transactions qualify as party in interest transactions and are exempt from the prohibited transaction rules of ERISA.

## 9. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under professional standards are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset's 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 their fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

OSU FOUNDATION 403(b) PLAN  
NOTES TO FINANCIAL STATEMENTS

**9. Fair Value Measurements, continued**

*Registered investment companies:* Valued at the net asset value (NAV) of shares held by the Plan at year end. All mutual funds held by the Plan are open-end mutual funds that are registered with the SEC and are deemed to be actively traded. These funds are required to publish their daily NAV and to transact at that price.

*Variable annuity contracts:* Valued at the current contract value, which is variable based on the performance of the underlying assets of the contract and is believed to approximate fair market value.

*Cash equivalents:* Valued at cost, which approximates fair value.

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

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

| Assets at Fair Value as of December 31, 2021 |                     |                     |             |                     |
|----------------------------------------------|---------------------|---------------------|-------------|---------------------|
|                                              | Level 1             | Level 2             | Level 3     | Total               |
| Registered investment companies              | \$ 4,924,482        | \$ -                | \$ -        | \$ 4,924,482        |
| Variable annuity contracts                   | -                   | 3,332,082           | -           | 3,332,082           |
| Cash equivalents                             | -                   | 223,368             | -           | 223,368             |
| Total assets, at fair value                  | <u>\$ 5,001,528</u> | <u>\$ 3,478,404</u> | <u>\$ -</u> | <u>\$ 8,479,932</u> |

| Assets at Fair Value as of December 31, 2020 |                     |                     |             |                     |
|----------------------------------------------|---------------------|---------------------|-------------|---------------------|
|                                              | Level 1             | Level 2             | Level 3     | Total               |
| Registered investment companies              | \$ 3,795,547        | \$ -                | \$ -        | \$ 3,795,547        |
| Variable annuity contracts                   | -                   | 2,707,313           | -           | 2,707,313           |
| Cash equivalents                             | -                   | 191,676             | -           | 191,676             |
| Total assets, at fair value                  | <u>\$ 3,795,547</u> | <u>\$ 2,898,989</u> | <u>\$ -</u> | <u>\$ 6,694,536</u> |

**10. Nonexempt Transactions**

During the years ended December 31, 2021 and 2020, participant contributions totaling \$4,582 and \$3,850, respectively, were not remitted to the Plan within the appropriate time period by the Foundation. These transactions constitute prohibited transactions as defined by ERISA. The Foundation has taken the appropriate steps to correct the situation by reimbursing employees for lost earnings and interest, and has further implemented procedures to ensure that all future remittances are made within the prescribed time period

OSU FOUNDATION 403(b) PLAN  
NOTES TO FINANCIAL STATEMENTS

**11. Reclassifications**

Certain amounts in the 2020 financial statements were reclassified to conform to current year presentation. There were no changes to previously reported net assets available for benefits or changes in net assets available for benefits as a result of these reclassifications.

**12. Subsequent Events**

Management evaluates events and transactions that occur after the statements of net assets available for benefits date as potential subsequent events. Management has performed this evaluation through the date of the independent auditor's report.

## SUPPLEMENTAL SCHEDULES

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i  
December 31, 2021

Employer Identification Number: 93-6022772  
Plan Number: 002

| (a)                                             | (b)<br>Identity of Issuer or Borrower | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|-------------------------------------------------|---------------------------------------|-------------------------------------|-------------|-------------------------|
| <b>Investments held by Fidelity Investments</b> |                                       |                                     |             |                         |
| Registered investment companies:                |                                       |                                     |             |                         |
| *                                               | FID MID CAP IDX                       | Registered investment company       | **          | 25,672                  |
| *                                               | FID 500 INDEX                         | Registered investment company       | **          | 318,833                 |
| *                                               | FID BALANCED                          | Registered investment company       | **          | 138,721                 |
| *                                               | FID BLUE CHIP GR                      | Registered investment company       | **          | 167,391                 |
| *                                               | FID BLUE CHIP VALUE                   | Registered investment company       | **          | 74,289                  |
| *                                               | FID CANADA                            | Registered investment company       | **          | 171,645                 |
| *                                               | FID CAPITAL & INCOME                  | Registered investment company       | **          | 21,709                  |
| *                                               | FID CONTRAFUND                        | Registered investment company       | **          | 376,930                 |
| *                                               | FID DIVERSIFD INTL                    | Registered investment company       | **          | 1,426                   |
| *                                               | FID DIVIDEND GR                       | Registered investment company       | **          | 16,231                  |
| *                                               | FID EMERGING ASIA                     | Registered investment company       | **          | 8,370                   |
| *                                               | FID EMERGING MKTS                     | Registered investment company       | **          | 3,782                   |
| *                                               | FID EMRG MKTS IDX                     | Registered investment company       | **          | 50,993                  |
| *                                               | FID ENV ALT ENERGY                    | Registered investment company       | **          | 7,843                   |
| *                                               | FID EQUITY INC                        | Registered investment company       | **          | 424,051                 |
| *                                               | FID EXTD MKT IDX                      | Registered investment company       | **          | 26,451                  |
| *                                               | FID FDM IDX 2055 INV                  | Registered investment company       | **          | 84,693                  |
| *                                               | FID FDM IDX 2045 IPR                  | Registered investment company       | **          | 84,328                  |
| *                                               | FID FDM IDX 2050 IPR                  | Registered investment company       | **          | 41,148                  |
| *                                               | FID FDM IDX 2055 IPR                  | Registered investment company       | **          | 79,708                  |
| *                                               | FID FDM IDX 2060 IPR                  | Registered investment company       | **          | 1,580                   |
| *                                               | FID FDM IDX 2065 IPR                  | Registered investment company       | **          | 6,321                   |
| *                                               | FID FIDELITY FUND                     | Registered investment company       | **          | 1,598                   |
| *                                               | FID FLOAT RT HI INC                   | Registered investment company       | **          | 36,208                  |
| *                                               | FID FOCUSED STOCK                     | Registered investment company       | **          | 1,763                   |
| *                                               | FID FREEDOM 2020                      | Registered investment company       | **          | 82,569                  |
| *                                               | FID FREEDOM 2025                      | Registered investment company       | **          | 182,683                 |
| *                                               | FID FREEDOM 2030                      | Registered investment company       | **          | 284,155                 |
| *                                               | FID FREEDOM 2035                      | Registered investment company       | **          | 151,811                 |
| *                                               | FID FREEDOM 2040                      | Registered investment company       | **          | 467,333                 |
| *                                               | FID FREEDOM 2045                      | Registered investment company       | **          | 78,940                  |
| *                                               | FID FREEDOM 2050                      | Registered investment company       | **          | 116,170                 |
| *                                               | FID FREEDOM 2055                      | Registered investment company       | **          | 80,788                  |
| *                                               | FID FREEDOM 2060                      | Registered investment company       | **          | 60,604                  |
| *                                               | FID GLB COMDTY STK                    | Registered investment company       | **          | 1,636                   |
| *                                               | FID GLB EX US IDX                     | Registered investment company       | **          | 124,256                 |
| *                                               | FID GROWTH COMPANY                    | Registered investment company       | **          | 6,707                   |
| *                                               | FID INTL ENH INDEX                    | Registered investment company       | **          | 1,224                   |

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued  
December 31, 2021

Employer Identification Number: 93-6022772  
Plan Number: 002

| (a)                                                        | (b)<br>Identity of Issuer or Borrower | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|------------------------------------------------------------|---------------------------------------|-------------------------------------|-------------|-------------------------|
| <b>Investments held by Fidelity Investments, continued</b> |                                       |                                     |             |                         |
|                                                            | Registered investment companies:      |                                     |             |                         |
| *                                                          | FID INTL INDEX                        | Registered investment company       | **          | 9,567                   |
| *                                                          | FID INTL REAL ESTATE                  | Registered investment company       | **          | 15,679                  |
| *                                                          | FID INVST GR BD                       | Registered investment company       | **          | 17,994                  |
| *                                                          | FID LATIN AMERICA                     | Registered investment company       | **          | 502                     |
| *                                                          | FID LC GRO ENH INDX                   | Registered investment company       | **          | 1,809                   |
| *                                                          | FID LOW PRICED STK                    | Registered investment company       | **          | 248,114                 |
| *                                                          | FID LT TR BD IDX                      | Registered investment company       | **          | 24,785                  |
| *                                                          | FID MAGELLAN                          | Registered investment company       | **          | 1,730                   |
| *                                                          | FID MID CAP VALUE                     | Registered investment company       | **          | 3,284                   |
| *                                                          | FID NASDAQ COMP INDX                  | Registered investment company       | **          | 6,199                   |
| *                                                          | FID PURITAN                           | Registered investment company       | **          | 13,087                  |
| *                                                          | FID REAL ESTATE IDX                   | Registered investment company       | **          | 27,755                  |
| *                                                          | FID REAL ESTATE INC                   | Registered investment company       | **          | 20,218                  |
| *                                                          | FID REAL ESTATE INVS                  | Registered investment company       | **          | 42,207                  |
| *                                                          | FID SEL BIOTECH                       | Registered investment company       | **          | 5,545                   |
| *                                                          | FID SEL CONS DISCR                    | Registered investment company       | **          | 853                     |
| *                                                          | FID SEL CONS STAPLES                  | Registered investment company       | **          | 1,445                   |
| *                                                          | FID SEL DEFENSE                       | Registered investment company       | **          | 31                      |
| *                                                          | FID SEL HEALTHCARE                    | Registered investment company       | **          | 2,416                   |
| *                                                          | FID SEL IT SERVICES                   | Registered investment company       | **          | 728                     |
| *                                                          | FID SEL LEISURE                       | Registered investment company       | **          | 846                     |
| *                                                          | FID SEL TECHNOLOGY                    | Registered investment company       | **          | 5,789                   |
| *                                                          | FID SHORT TERM BOND                   | Registered investment company       | **          | 907                     |
| *                                                          | FID SM CAP DISCOVERY                  | Registered investment company       | **          | 17,178                  |
| *                                                          | FID SM CAP ENH INDX                   | Registered investment company       | **          | 703                     |
| *                                                          | FID SM CAP IDX                        | Registered investment company       | **          | 52,650                  |
| *                                                          | FID SMALL CAP GROWTH                  | Registered investment company       | **          | 816                     |
| *                                                          | FID SMALL CAP VALUE                   | Registered investment company       | **          | 4,563                   |
| *                                                          | FID STK SEL MID CAP                   | Registered investment company       | **          | 48,718                  |
| *                                                          | FID STRAT DIV & INC                   | Registered investment company       | **          | 770                     |
| *                                                          | FID STRATEGIC INCOME                  | Registered investment company       | **          | 1,226                   |
| *                                                          | FID TOTAL BOND                        | Registered investment company       | **          | 7,729                   |
| *                                                          | FID TOTAL MKT IDX                     | Registered investment company       | **          | 36,458                  |
| *                                                          | FID US BOND IDX                       | Registered investment company       | **          | 81,870                  |
| *                                                          | FID WORLDWIDE                         | Registered investment company       | **          | 8,204                   |
| *                                                          | FID INFL PR BD IDX                    | Registered investment company       | **          | 13,444                  |
|                                                            | Total registered investment companies |                                     |             | 4,536,379               |

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued  
December 31, 2021

Employer Identification Number: 93-6022772  
Plan Number: 002

| (a)                                                                        | (b)<br>Identity of Issuer or Borrower          | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|----------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-------------|-------------------------|
| <b>Investments held by Fidelity Investments, continued</b>                 |                                                |                                     |             |                         |
|                                                                            | Cash equivalents:                              |                                     |             |                         |
| *                                                                          | FID GOVT MMKT                                  | Cash equivalents                    | **          | 130,004                 |
| *                                                                          | FID TREASURY ONLY MM                           | Cash equivalents                    | **          | 2,852                   |
| *                                                                          | FID GOV CASH RESERVE                           | Cash equivalents                    | **          | 74,194                  |
| *                                                                          | FID GOVT MMKT PRM                              | Cash equivalents                    | **          | 16,318                  |
|                                                                            | Total cash equivalents                         |                                     |             | <u>223,368</u>          |
|                                                                            | Total investments held by Fidelity Investments |                                     |             | <u>4,759,747</u>        |
| <b>Investments held by Variable Annuity Life Insurance Company (VALIC)</b> |                                                |                                     |             |                         |
|                                                                            | Registered investment companies:               |                                     |             |                         |
| *                                                                          | AGGRESSIVE GROWTH LIFESTYLE                    | Registered investment company       | **          | 7,095                   |
| *                                                                          | ARIEL APPRECIATION FUND                        | Registered investment company       | **          | 117,227                 |
| *                                                                          | ARIEL FUND                                     | Registered investment company       | **          | 121,946                 |
| *                                                                          | BLUE CHIP GROWTH FUND                          | Registered investment company       | **          | 765                     |
| *                                                                          | CORE BOND FUND                                 | Registered investment company       | **          | 858                     |
| *                                                                          | DIVIDEND VALUE                                 | Registered investment company       | **          | 677                     |
| *                                                                          | EMERGING ECONOMIES                             | Registered investment company       | **          | 1,163                   |
| *                                                                          | GLOBAL REAL ESTATE FUND                        | Registered investment company       | **          | 1,285                   |
| *                                                                          | HIGH YIELD BOND FUND                           | Registered investment company       | **          | 435                     |
| *                                                                          | INFLATION PROTECTED FUND                       | Registered investment company       | **          | 675                     |
| *                                                                          | INTERNATIONAL GROWTH FUND                      | Registered investment company       | **          | 13,456                  |
| *                                                                          | INTERNATIONAL VALUE FUND                       | Registered investment company       | **          | 11,603                  |
| *                                                                          | INTERNATL EQUITIES INDEX FUND                  | Registered investment company       | **          | 3,282                   |
| *                                                                          | INTL OPPORTUNITIES                             | Registered investment company       | **          | 22,258                  |
| *                                                                          | MID CAP GROWTH FUND                            | Registered investment company       | **          | 5                       |
| *                                                                          | MID CAP INDEX FUND                             | Registered investment company       | **          | 23,422                  |
| *                                                                          | MID CAP STRATEGIC GWTH                         | Registered investment company       | **          | 5,729                   |
| *                                                                          | MID CAP VALUE FUND                             | Registered investment company       | **          | 6,594                   |
| *                                                                          | NASDAQ-100(R) INDEX FUND                       | Registered investment company       | **          | 6,374                   |
| *                                                                          | SM CAP AGGRESSIVE GWTH                         | Registered investment company       | **          | 7                       |
| *                                                                          | SMALL CAP GROWTH FUND                          | Registered investment company       | **          | 9,667                   |
| *                                                                          | SMALL CAP INDEX FUND                           | Registered investment company       | **          | 14,482                  |
| *                                                                          | SMALL CAP VALUE FUND                           | Registered investment company       | **          | 6,758                   |
| *                                                                          | STOCK INDEX FUND                               | Registered investment company       | **          | 4,012                   |
| *                                                                          | SYSTEMATIC CORE FUND                           | Registered investment company       | **          | 193                     |
| *                                                                          | SYTEMATIC VALUE                                | Registered investment company       | **          | 147                     |
| *                                                                          | US SOCIALLY RESPONSIBLE FUND                   | Registered investment company       | **          | 5,506                   |
| *                                                                          | VANGUARD WINDSOR II                            | Registered investment company       | **          | 2,482                   |
|                                                                            | Total registered investment companies          |                                     |             | <u>388,103</u>          |
|                                                                            | Fixed annuity contract:                        |                                     |             |                         |
| *                                                                          | SHORT TERM FIXED ACCOUNT                       | Fixed annuity contract              | **          | 160,035                 |
| *                                                                          | FIXED ACCOUNT PLUS                             | Fixed annuity contract              | **          | 3,702                   |
|                                                                            | Total fixed annuity contracts                  |                                     |             | <u>163,737</u>          |
|                                                                            | Total investments held by VALIC                |                                     |             | <u>551,840</u>          |

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued  
December 31, 2021

Employer Identification Number: 93-6022772  
Plan Number: 002

| (a)                                  | (b)<br>Identity of Issuer or Borrower | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|--------------------------------------|---------------------------------------|-------------------------------------|-------------|-------------------------|
| <b>Investments held by TIAA-CREF</b> |                                       |                                     |             |                         |
|                                      | Fixed annuity contracts:              |                                     |             |                         |
| *                                    | TIAA TRADITIONAL                      | Fixed annuity contract              | **          | 768,035                 |
|                                      | Variable annuity contracts:           |                                     |             |                         |
| *                                    | CREF Bond Market                      | Variable annuity contract           | **          | 139,378                 |
| *                                    | CREF Equity Index                     | Variable annuity contract           | **          | 434,284                 |
| *                                    | CREF Global Equities                  | Variable annuity contract           | **          | 269,932                 |
| *                                    | CREF Growth                           | Variable annuity contract           | **          | 401,410                 |
| *                                    | CREF Inflation-Linked Bond            | Variable annuity contract           | **          | 16,766                  |
| *                                    | CREF Money Market                     | Variable annuity contract           | **          | 24,037                  |
| *                                    | CREF Social Choice                    | Variable annuity contract           | **          | 70,225                  |
| *                                    | CREF Stock                            | Variable annuity contract           | **          | 1,327,524               |
| *                                    | Plan Loan Default Fund                | Variable annuity contract           | **          | 3,212                   |
| *                                    | TIAA Access Bond                      | Variable annuity contract           | **          | 9,079                   |
| *                                    | TIAA Access Equity                    | Variable annuity contract           | **          | 27,702                  |
| *                                    | TIAA Access Intl Equity               | Variable annuity contract           | **          | 58,660                  |
| *                                    | TIAA Access Lg-Cap Gr                 | Variable annuity contract           | **          | 35,217                  |
| *                                    | TIAA Access Lg-Cap Val                | Variable annuity contract           | **          | 11,785                  |
| *                                    | TIAA Access Lifecycle 2030            | Variable annuity contract           | **          | 66,504                  |
| *                                    | TIAA Access Lifecycle 2035            | Variable annuity contract           | **          | 24,622                  |
| *                                    | TIAA Access Lifecycle 2040            | Variable annuity contract           | **          | 19,730                  |
| *                                    | TIAA Access Lifecycle 2045            | Variable annuity contract           | **          | 33,391                  |
| *                                    | TIAA Access Lifecycle 2050            | Variable annuity contract           | **          | 32,915                  |
| *                                    | TIAA Access Mid-Cap GR                | Variable annuity contract           | **          | 8,579                   |
| *                                    | TIAA Access Mid-Cap Val               | Variable annuity contract           | **          | 13,657                  |
| *                                    | TIAA Access Real Est Secs             | Variable annuity contract           | **          | 26,366                  |
| *                                    | TIAA Access Small Cap Equity          | Variable annuity contract           | **          | 20,995                  |
| *                                    | TIAA Access Sm-Cap Bl Idx             | Variable annuity contract           | **          | 21,216                  |
| *                                    | TIAA Access Social                    | Variable annuity contract           | **          | 10,292                  |
| *                                    | TIAA Real Estate                      | Variable annuity contract           | **          | 224,604                 |
|                                      | Total variable annuity contracts      |                                     |             | 3,332,082               |
|                                      | Total investments held by TIAA-CREF   |                                     |             | 4,100,117               |
|                                      | Total investments                     |                                     |             | \$ 9,411,704            |

\* Represents a party in interest to the Plan.

\*\* Cost information may be omitted with respect to participant directed transactions.

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS - Schedule H, Line 4a  
December 31, 2021

Employer Identification Number: 93-6022772

Plan Number: 002

| Participant<br>Contributions<br>Transferred Late to<br>Plan                                       | Contributions Not<br>Corrected | Contributions<br>Corrected Outside<br>VFCP | Contributions<br>Pending<br>Correction in<br>VFCP | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|---------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
| Check here if Late<br>Participant Loan<br>Repayments are<br>included:<br><input type="checkbox"/> | \$ -                           | \$ 8,432                                   | \$ -                                              | \$ -                                                      |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

▶ Complete all entries in accordance with  
the instructions to the Form 5500.OMB Nos. 1210-0110  
1210-0089**2021****This Form Is Open to Public  
Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report ☐ the final return/report  
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program  
☐ special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ☐

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                                            |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>1a</b> Name of plan<br>OSU FOUNDATION 403(b) PLAN                                                                                                                                                                                                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ▶ 002                 |
|                                                                                                                                                                                                                                                                                                                                                            | <b>1c</b> Effective date of plan<br>01/01/2009               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>OREGON STATE UNIVERSITY FOUNDATION<br><br>4238 SW RESEARCH WAY<br><br>CORVALLIS, OR 97333 | <b>2b</b> Employer Identification Number (EIN)<br>93-6022772 |
|                                                                                                                                                                                                                                                                                                                                                            | <b>2c</b> Plan Sponsor's telephone number<br>(800) 354-7281  |
|                                                                                                                                                                                                                                                                                                                                                            | <b>2d</b> Business code (see instructions)<br>611000         |

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

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

|                  |                                                                                     |           |                                                              |
|------------------|-------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 9/27/2022 | Steven M. Schauble                                           |
|                  | Signature of plan administrator                                                     | Date      | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |           |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date      | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |           |                                                              |
|                  | Signature of DFE                                                                    | Date      | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i  
December 31, 2021

Employer Identification Number: 93-6022772  
Plan Number: 002

| (a)                                             | (b)<br>Identity of Issuer or Borrower | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|-------------------------------------------------|---------------------------------------|-------------------------------------|-------------|-------------------------|
| <b>Investments held by Fidelity Investments</b> |                                       |                                     |             |                         |
| Registered investment companies:                |                                       |                                     |             |                         |
| *                                               | FID MID CAP IDX                       | Registered investment company       | **          | 25,672                  |
| *                                               | FID 500 INDEX                         | Registered investment company       | **          | 318,833                 |
| *                                               | FID BALANCED                          | Registered investment company       | **          | 138,721                 |
| *                                               | FID BLUE CHIP GR                      | Registered investment company       | **          | 167,391                 |
| *                                               | FID BLUE CHIP VALUE                   | Registered investment company       | **          | 74,289                  |
| *                                               | FID CANADA                            | Registered investment company       | **          | 171,645                 |
| *                                               | FID CAPITAL & INCOME                  | Registered investment company       | **          | 21,709                  |
| *                                               | FID CONTRAFUND                        | Registered investment company       | **          | 376,930                 |
| *                                               | FID DIVERSIFD INTL                    | Registered investment company       | **          | 1,426                   |
| *                                               | FID DIVIDEND GR                       | Registered investment company       | **          | 16,231                  |
| *                                               | FID EMERGING ASIA                     | Registered investment company       | **          | 8,370                   |
| *                                               | FID EMERGING MKTS                     | Registered investment company       | **          | 3,782                   |
| *                                               | FID EMRG MKTS IDX                     | Registered investment company       | **          | 50,993                  |
| *                                               | FID ENV ALT ENERGY                    | Registered investment company       | **          | 7,843                   |
| *                                               | FID EQUITY INC                        | Registered investment company       | **          | 424,051                 |
| *                                               | FID EXTD MKT IDX                      | Registered investment company       | **          | 26,451                  |
| *                                               | FID FDM IDX 2055 INV                  | Registered investment company       | **          | 84,693                  |
| *                                               | FID FDM IDX 2045 IPR                  | Registered investment company       | **          | 84,328                  |
| *                                               | FID FDM IDX 2050 IPR                  | Registered investment company       | **          | 41,148                  |
| *                                               | FID FDM IDX 2055 IPR                  | Registered investment company       | **          | 79,708                  |
| *                                               | FID FDM IDX 2060 IPR                  | Registered investment company       | **          | 1,580                   |
| *                                               | FID FDM IDX 2065 IPR                  | Registered investment company       | **          | 6,321                   |
| *                                               | FID FIDELITY FUND                     | Registered investment company       | **          | 1,598                   |
| *                                               | FID FLOAT RT HI INC                   | Registered investment company       | **          | 36,208                  |
| *                                               | FID FOCUSED STOCK                     | Registered investment company       | **          | 1,763                   |
| *                                               | FID FREEDOM 2020                      | Registered investment company       | **          | 82,569                  |
| *                                               | FID FREEDOM 2025                      | Registered investment company       | **          | 182,683                 |
| *                                               | FID FREEDOM 2030                      | Registered investment company       | **          | 284,155                 |
| *                                               | FID FREEDOM 2035                      | Registered investment company       | **          | 151,811                 |
| *                                               | FID FREEDOM 2040                      | Registered investment company       | **          | 467,333                 |
| *                                               | FID FREEDOM 2045                      | Registered investment company       | **          | 78,940                  |
| *                                               | FID FREEDOM 2050                      | Registered investment company       | **          | 116,170                 |
| *                                               | FID FREEDOM 2055                      | Registered investment company       | **          | 80,788                  |
| *                                               | FID FREEDOM 2060                      | Registered investment company       | **          | 60,604                  |
| *                                               | FID GLB COMDTY STK                    | Registered investment company       | **          | 1,636                   |
| *                                               | FID GLB EX US IDX                     | Registered investment company       | **          | 124,256                 |
| *                                               | FID GROWTH COMPANY                    | Registered investment company       | **          | 6,707                   |
| *                                               | FID INTL ENH INDEX                    | Registered investment company       | **          | 1,224                   |

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued  
December 31, 2021

Employer Identification Number: 93-6022772  
Plan Number: 002

| (a)                                                        | (b)<br>Identity of Issuer or Borrower | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|------------------------------------------------------------|---------------------------------------|-------------------------------------|-------------|-------------------------|
| <b>Investments held by Fidelity Investments, continued</b> |                                       |                                     |             |                         |
|                                                            | Registered investment companies:      |                                     |             |                         |
| *                                                          | FID INTL INDEX                        | Registered investment company       | **          | 9,567                   |
| *                                                          | FID INTL REAL ESTATE                  | Registered investment company       | **          | 15,679                  |
| *                                                          | FID INVST GR BD                       | Registered investment company       | **          | 17,994                  |
| *                                                          | FID LATIN AMERICA                     | Registered investment company       | **          | 502                     |
| *                                                          | FID LC GRO ENH INDX                   | Registered investment company       | **          | 1,809                   |
| *                                                          | FID LOW PRICED STK                    | Registered investment company       | **          | 248,114                 |
| *                                                          | FID LT TR BD IDX                      | Registered investment company       | **          | 24,785                  |
| *                                                          | FID MAGELLAN                          | Registered investment company       | **          | 1,730                   |
| *                                                          | FID MID CAP VALUE                     | Registered investment company       | **          | 3,284                   |
| *                                                          | FID NASDAQ COMP INDX                  | Registered investment company       | **          | 6,199                   |
| *                                                          | FID PURITAN                           | Registered investment company       | **          | 13,087                  |
| *                                                          | FID REAL ESTATE IDX                   | Registered investment company       | **          | 27,755                  |
| *                                                          | FID REAL ESTATE INC                   | Registered investment company       | **          | 20,218                  |
| *                                                          | FID REAL ESTATE INVS                  | Registered investment company       | **          | 42,207                  |
| *                                                          | FID SEL BIOTECH                       | Registered investment company       | **          | 5,545                   |
| *                                                          | FID SEL CONS DISCR                    | Registered investment company       | **          | 853                     |
| *                                                          | FID SEL CONS STAPLES                  | Registered investment company       | **          | 1,445                   |
| *                                                          | FID SEL DEFENSE                       | Registered investment company       | **          | 31                      |
| *                                                          | FID SEL HEALTHCARE                    | Registered investment company       | **          | 2,416                   |
| *                                                          | FID SEL IT SERVICES                   | Registered investment company       | **          | 728                     |
| *                                                          | FID SEL LEISURE                       | Registered investment company       | **          | 846                     |
| *                                                          | FID SEL TECHNOLOGY                    | Registered investment company       | **          | 5,789                   |
| *                                                          | FID SHORT TERM BOND                   | Registered investment company       | **          | 907                     |
| *                                                          | FID SM CAP DISCOVERY                  | Registered investment company       | **          | 17,178                  |
| *                                                          | FID SM CAP ENH INDX                   | Registered investment company       | **          | 703                     |
| *                                                          | FID SM CAP IDX                        | Registered investment company       | **          | 52,650                  |
| *                                                          | FID SMALL CAP GROWTH                  | Registered investment company       | **          | 816                     |
| *                                                          | FID SMALL CAP VALUE                   | Registered investment company       | **          | 4,563                   |
| *                                                          | FID STK SEL MID CAP                   | Registered investment company       | **          | 48,718                  |
| *                                                          | FID STRAT DIV & INC                   | Registered investment company       | **          | 770                     |
| *                                                          | FID STRATEGIC INCOME                  | Registered investment company       | **          | 1,226                   |
| *                                                          | FID TOTAL BOND                        | Registered investment company       | **          | 7,729                   |
| *                                                          | FID TOTAL MKT IDX                     | Registered investment company       | **          | 36,458                  |
| *                                                          | FID US BOND IDX                       | Registered investment company       | **          | 81,870                  |
| *                                                          | FID WORLDWIDE                         | Registered investment company       | **          | 8,204                   |
| *                                                          | FID INFL PR BD IDX                    | Registered investment company       | **          | 13,444                  |
|                                                            | Total registered investment companies |                                     |             | <u>4,536,379</u>        |

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued  
December 31, 2021

Employer Identification Number: 93-6022772  
Plan Number: 002

| (a)                                                                        | (b)<br>Identity of Issuer or Borrower          | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|----------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-------------|-------------------------|
| <b>Investments held by Fidelity Investments, continued</b>                 |                                                |                                     |             |                         |
|                                                                            | Cash equivalents:                              |                                     |             |                         |
| *                                                                          | FID GOVT MMKT                                  | Cash equivalents                    | **          | 130,004                 |
| *                                                                          | FID TREASURY ONLY MM                           | Cash equivalents                    | **          | 2,852                   |
| *                                                                          | FID GOV CASH RESERVE                           | Cash equivalents                    | **          | 74,194                  |
| *                                                                          | FID GOVT MMKT PRM                              | Cash equivalents                    | **          | 16,318                  |
|                                                                            | Total cash equivalents                         |                                     |             | <u>223,368</u>          |
|                                                                            | Total investments held by Fidelity Investments |                                     |             | <u>4,759,747</u>        |
| <b>Investments held by Variable Annuity Life Insurance Company (VALIC)</b> |                                                |                                     |             |                         |
|                                                                            | Registered investment companies:               |                                     |             |                         |
| *                                                                          | AGGRESSIVE GROWTH LIFESTYLE                    | Registered investment company       | **          | 7,095                   |
| *                                                                          | ARIEL APPRECIATION FUND                        | Registered investment company       | **          | 117,227                 |
| *                                                                          | ARIEL FUND                                     | Registered investment company       | **          | 121,946                 |
| *                                                                          | BLUE CHIP GROWTH FUND                          | Registered investment company       | **          | 765                     |
| *                                                                          | CORE BOND FUND                                 | Registered investment company       | **          | 858                     |
| *                                                                          | DIVIDEND VALUE                                 | Registered investment company       | **          | 677                     |
| *                                                                          | EMERGING ECONOMIES                             | Registered investment company       | **          | 1,163                   |
| *                                                                          | GLOBAL REAL ESTATE FUND                        | Registered investment company       | **          | 1,285                   |
| *                                                                          | HIGH YIELD BOND FUND                           | Registered investment company       | **          | 435                     |
| *                                                                          | INFLATION PROTECTED FUND                       | Registered investment company       | **          | 675                     |
| *                                                                          | INTERNATIONAL GROWTH FUND                      | Registered investment company       | **          | 13,456                  |
| *                                                                          | INTERNATIONAL VALUE FUND                       | Registered investment company       | **          | 11,603                  |
| *                                                                          | INTERNATL EQUITIES INDEX FUND                  | Registered investment company       | **          | 3,282                   |
| *                                                                          | INTL OPPORTUNITIES                             | Registered investment company       | **          | 22,258                  |
| *                                                                          | MID CAP GROWTH FUND                            | Registered investment company       | **          | 5                       |
| *                                                                          | MID CAP INDEX FUND                             | Registered investment company       | **          | 23,422                  |
| *                                                                          | MID CAP STRATEGIC GWTH                         | Registered investment company       | **          | 5,729                   |
| *                                                                          | MID CAP VALUE FUND                             | Registered investment company       | **          | 6,594                   |
| *                                                                          | NASDAQ-100(R) INDEX FUND                       | Registered investment company       | **          | 6,374                   |
| *                                                                          | SM CAP AGGRESSIVE GWTH                         | Registered investment company       | **          | 7                       |
| *                                                                          | SMALL CAP GROWTH FUND                          | Registered investment company       | **          | 9,667                   |
| *                                                                          | SMALL CAP INDEX FUND                           | Registered investment company       | **          | 14,482                  |
| *                                                                          | SMALL CAP VALUE FUND                           | Registered investment company       | **          | 6,758                   |
| *                                                                          | STOCK INDEX FUND                               | Registered investment company       | **          | 4,012                   |
| *                                                                          | SYSTEMATIC CORE FUND                           | Registered investment company       | **          | 193                     |
| *                                                                          | SYTEMATIC VALUE                                | Registered investment company       | **          | 147                     |
| *                                                                          | US SOCIALLY RESPONSIBLE FUND                   | Registered investment company       | **          | 5,506                   |
| *                                                                          | VANGUARD WINDSOR II                            | Registered investment company       | **          | 2,482                   |
|                                                                            | Total registered investment companies          |                                     |             | <u>388,103</u>          |
|                                                                            | Fixed annuity contract:                        |                                     |             |                         |
| *                                                                          | SHORT TERM FIXED ACCOUNT                       | Fixed annuity contract              | **          | 160,035                 |
| *                                                                          | FIXED ACCOUNT PLUS                             | Fixed annuity contract              | **          | 3,702                   |
|                                                                            | Total fixed annuity contracts                  |                                     |             | <u>163,737</u>          |
|                                                                            | Total investments held by VALIC                |                                     |             | <u>551,840</u>          |

OSU FOUNDATION 403(b) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i, Continued  
December 31, 2021

Employer Identification Number: 93-6022772  
Plan Number: 002

| (a)                                  | (b)<br>Identity of Issuer or Borrower | (c)<br>Description<br>of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|--------------------------------------|---------------------------------------|-------------------------------------|-------------|-------------------------|
| <b>Investments held by TIAA-CREF</b> |                                       |                                     |             |                         |
|                                      | Fixed annuity contracts:              |                                     |             |                         |
| *                                    | TIAA TRADITIONAL                      | Fixed annuity contract              | **          | 768,035                 |
|                                      | Variable annuity contracts:           |                                     |             |                         |
| *                                    | CREF Bond Market                      | Variable annuity contract           | **          | 139,378                 |
| *                                    | CREF Equity Index                     | Variable annuity contract           | **          | 434,284                 |
| *                                    | CREF Global Equities                  | Variable annuity contract           | **          | 269,932                 |
| *                                    | CREF Growth                           | Variable annuity contract           | **          | 401,410                 |
| *                                    | CREF Inflation-Linked Bond            | Variable annuity contract           | **          | 16,766                  |
| *                                    | CREF Money Market                     | Variable annuity contract           | **          | 24,037                  |
| *                                    | CREF Social Choice                    | Variable annuity contract           | **          | 70,225                  |
| *                                    | CREF Stock                            | Variable annuity contract           | **          | 1,327,524               |
| *                                    | Plan Loan Default Fund                | Variable annuity contract           | **          | 3,212                   |
| *                                    | TIAA Access Bond                      | Variable annuity contract           | **          | 9,079                   |
| *                                    | TIAA Access Equity                    | Variable annuity contract           | **          | 27,702                  |
| *                                    | TIAA Access Intl Equity               | Variable annuity contract           | **          | 58,660                  |
| *                                    | TIAA Access Lg-Cap Gr                 | Variable annuity contract           | **          | 35,217                  |
| *                                    | TIAA Access Lg-Cap Val                | Variable annuity contract           | **          | 11,785                  |
| *                                    | TIAA Access Lifecycle 2030            | Variable annuity contract           | **          | 66,504                  |
| *                                    | TIAA Access Lifecycle 2035            | Variable annuity contract           | **          | 24,622                  |
| *                                    | TIAA Access Lifecycle 2040            | Variable annuity contract           | **          | 19,730                  |
| *                                    | TIAA Access Lifecycle 2045            | Variable annuity contract           | **          | 33,391                  |
| *                                    | TIAA Access Lifecycle 2050            | Variable annuity contract           | **          | 32,915                  |
| *                                    | TIAA Access Mid-Cap GR                | Variable annuity contract           | **          | 8,579                   |
| *                                    | TIAA Access Mid-Cap Val               | Variable annuity contract           | **          | 13,657                  |
| *                                    | TIAA Access Real Est Secs             | Variable annuity contract           | **          | 26,366                  |
| *                                    | TIAA Access Small Cap Equity          | Variable annuity contract           | **          | 20,995                  |
| *                                    | TIAA Access Sm-Cap Bl Idx             | Variable annuity contract           | **          | 21,216                  |
| *                                    | TIAA Access Social                    | Variable annuity contract           | **          | 10,292                  |
| *                                    | TIAA Real Estate                      | Variable annuity contract           | **          | 224,604                 |
|                                      | Total variable annuity contracts      |                                     |             | 3,332,082               |
|                                      | Total investments held by TIAA-CREF   |                                     |             | 4,100,117               |
|                                      | Total investments                     |                                     |             | \$ 9,411,704            |

\* Represents a party in interest to the Plan.

\*\* Cost information may be omitted with respect to participant directed transactions.