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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <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> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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:                                                                       | <input type="checkbox"/> a multiemployer plan <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 checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <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>THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC. 403(B) SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>006</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1959</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>86-0138043</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>520-318-8241</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>541700</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>006</u> | <b>1c</b> Effective date of plan<br><u>01/01/1959</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>86-0138043</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>520-318-8241</u> |  | <b>2d</b> Business code (see instructions)<br><u>541700</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                       | <u>006</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1959</u>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>86-0138043</u>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>520-318-8241</u>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541700</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>ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC.</u><br><br><u>1331 PENNSYLVANIA AVE NW</u><br><u>SUITE 1475</u><br><u>WASHINGTON, DC 20004</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. | 10/12/2022 | ELVIRA URQUIDEZ                                              |
|                  | 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 type="checkbox"/> Same as Plan Sponsor<br><br>ELVIRA URQUIDEZ<br><br>1331 PENNSYLVANIA AVE NW<br>SUITE 1475<br>WASHINGTON, DC 20004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br>86-6107256<br><br><b>3c</b> Administrator's telephone number<br>520-318-8241                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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> 1464                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 1314<br><b>6a(2)</b> 1341<br><b>6b</b> 8<br><b>6c</b> 448<br><b>6d</b> 1797<br><b>6e</b> 8<br><b>6f</b> 1805<br><b>6g</b> 1802<br><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 2R<br><br><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><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <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><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>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                                               |                                                                         |  |
| <div>A Name of plan</div> <div>THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC. 403(B) SAVINGS PLAN</div>                 | <div>B Three-digit plan number (PN)</div> <div>006</div>                |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>86-0138043</div> |  |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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         | 101372                                | 637                                                                         | 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 |                       |
|                                               |                                 |             |                       |

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**(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 |                                 |
|                                                      |                                 |                    |                                 |

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**(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 |                                 |
|                                                      |                                 |                    |                                 |

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

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| <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

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| <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 |                                 |
|                                                      |                                 |                    |                                 |

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**(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> | 38535423 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 69162193 |

**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> | 39089352 |
|----------|-----------------------------------------------|-----------|----------|

|          |                                                              |              |         |  |
|----------|--------------------------------------------------------------|--------------|---------|--|
| <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> | 1295612 |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 1291560 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |         |  |
|          | ▶                                                            |              |         |  |

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 2587172 |
|---------------------------|--------------|---------|

|          |                                                                              |           |          |
|----------|------------------------------------------------------------------------------|-----------|----------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 41676524 |
|----------|------------------------------------------------------------------------------|-----------|----------|

|          |                                                                                 |              |         |  |
|----------|---------------------------------------------------------------------------------|--------------|---------|--|
| <b>e</b> | Deductions:                                                                     |              |         |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 1763012 |  |
|          | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> |         |  |
|          | (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 1318548 |  |
|          | (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 59541   |  |
|          | ▶ <b>OTHER</b>                                                                  |              |         |  |

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 3141101 |
|----------------------------|--------------|---------|

|          |                                                                                                |           |          |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|
| <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> | 38535423 |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|

**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>    | 0 |
| <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>    | 0 |
| (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> | 0 |
| (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                                               |                                                                         |  |
| <div>A Name of plan</div> <div>THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC. 403(B) SAVINGS PLAN</div>                 | <div>B Three-digit plan number (PN)</div> <div>006</div>                |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>86-0138043</div> |  |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| NEW YORK LIFE                 |

| (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     |
| 13-5582869 | 66915         | GA80224                               | 0                                                                           | 07/10/2021              | 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>     |         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>5</b>     |         |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |         |
| <b>a</b> | 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>    |         |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |         |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |         |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |         |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |         |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7b</b>    | 2274321 |
| <b>c</b> | <div style="display: flex;"> <div style="flex: 1;">           Additions: (1) Contributions deposited during the year .....<br/>           (2) Dividends and credits.....<br/>           (3) Interest credited during the year.....<br/>           (4) Transferred from separate account.....<br/>           (5) Other (specify below) .....<br/>           ▶         </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(1)</b></div> <div style="width: 80%;"></div> <div style="width: 10%; text-align: right;">971189</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(2)</b></div> <div style="width: 80%;"></div> <div style="width: 10%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(3)</b></div> <div style="width: 80%;"></div> <div style="width: 10%; text-align: right;">55684</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(4)</b></div> <div style="width: 80%;"></div> <div style="width: 10%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7c(5)</b></div> <div style="width: 80%;"></div> <div style="width: 10%;"></div> </div> <div style="height: 40px;"></div> </div> </div> | <b>7c(6)</b> | 1026873 |
| <b>d</b> | (6) Total additions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7d</b>    | 3301194 |
| <b>e</b> | <div style="display: flex;"> <div style="flex: 1;">           Deductions:<br/>           (1) Disbursed from fund to pay benefits or purchase annuities during year .....<br/>           (2) Administration charge made by carrier.....<br/>           (3) Transferred to separate account.....<br/>           (4) Other (specify below) .....<br/>           ▶         </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7e(1)</b></div> <div style="width: 80%;"></div> <div style="width: 10%; text-align: right;">681307</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7e(2)</b></div> <div style="width: 80%;"></div> <div style="width: 10%; text-align: right;">2321</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7e(3)</b></div> <div style="width: 80%;"></div> <div style="width: 10%;"></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%;"><b>7e(4)</b></div> <div style="width: 80%;"></div> <div style="width: 10%;"></div> </div> <div style="height: 40px;"></div> </div> </div>                                                                                                                                                                                | <b>7e(5)</b> | 683628  |
| <b>f</b> | (5) Total deductions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7f</b>    | 2617566 |
|          | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | 2617566 |

**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>    | 0 |
| <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>    | 0 |
| (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> | 0 |
| (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 C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider 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> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2021                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                                                          |                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                               |                                                                         |  |
| <div>A Name of plan</div> <div>THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC. 403(B) SAVINGS PLAN</div>                 | <div>B Three-digit plan number (PN)</div> <div>006</div>                |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>86-0138043</div> |  |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☒ Yes ☐ No
- b

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TIAA-CREF                                                                                                  |
| 13-1624203                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65 71               | RECORDKEEPER                                                                                      | 69083                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | OTHER SERVICE                                                                                     | 16344                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MULTNOMAH GROUP

111 SW 5TH AVENUE  
SUITE 4000  
PORTLAND, OR 97204

20-0361079

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | OTHER SERVICES                                                                                    | 12500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

TIAA-CREF

13-1624203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | CONTRACT ADMINISTRATOR                                                                            | 12500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<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-. | (h)<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 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FID INV INSTL OPS CO                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VARIOUS MUTUAL FUND COMPANIES<br><br>04-2647786                     | SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS                                                                                                 |                                           |
| (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> | OMB No. 1210-0110<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 <u>01/01/2021</u> and ending <u>12/31/2021</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><br><u>THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC. 403(B) SAVINGS PLAN</u>                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span><br><br><div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>                                                                                                   | <u>006</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><u>ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC.</u>                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><br><u>86-0138043</u>                                                                                                                                                                                                       |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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>                     | 13554                 | 10185           |
| <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>                  | 1151                  | 430             |
| <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>                  | 4312158               | 2153055         |
| <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>               | 0                     | 2406            |
| <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>                  | 375378                | 418915          |
| <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>                 | 4561399               | 5342340         |
| <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>                 | 174525580             | 204889363       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 41363673              | 41152989        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 27871966              | 28718307        |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (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>             | 253024859 282687990 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <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>             | 0 0                 |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 253024859 282687990 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>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> | 10788226  |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 878553    |
| (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>    | 11666779  |
| <b>b</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> | 306       |
|               | <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> | 19197     |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 1348985   |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 1368488   |
| (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> | 7107097   |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 7107097   |
| (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> | 0         |
| (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> | -840      |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | -840      |

|                                                                                                |        | (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)  |            | 812513    |
| (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) |            | 21539746  |
| c Other income.....                                                                            | 2c     |            | 1953887   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 44447670  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 14504302   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 57307      |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 14561609  |
| 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)  | 222930     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 222930    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 14784539  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 29663131  |
| 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: COHNREZNICK LLP

(2) EIN: 22-1478099

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  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                 | 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>THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC. 403(B) SAVINGS PLAN                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 006                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC.                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>86-0138043                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107 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<br>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 _____<br>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 \_\_\_\_\_

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION**

**YEARS ENDED DECEMBER 31, 2021 AND 2020**

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**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
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## Independent Auditor's Report

To the Retirement Plan Oversight Committee and Audit Committee  
The Association of Universities for Research in Astronomy, Inc. 403(b) Savings Plan

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

We were engaged to perform an audit of the financial statements of Association of Universities for Research in Astronomy, Inc. 403(b) Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the 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 a certification 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.

### *Disclaimer of Opinion on the 2021 Financial Statements*

We do not express an opinion on the accompanying 2021 Financial Statements of the Plan. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion for the 2021 Financial Statements* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2021 Financial Statements.

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

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying 2021 financial statements may have been affected by these conditions.

Further, as described in Note 10 to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirement for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and related income and distributions be included in the accompanying financial statements.

#### *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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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

Our responsibility is to conduct and audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue our auditor's report. However, because of the matters described in the *Basis for Disclaimer of Opinion on the 2021 Financial Statements* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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

#### *Other Matters*

##### *2021 Supplemental Schedules Required by ERISA*

The supplemental schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion for the 2021 Financial Statements* section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

*Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the 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. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

The Plan has excluded from the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the 2020 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the 2020 financial statements.

In our report dated October 6, 2021, we indicated that 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.



Bethesda, Maryland  
October 11, 2022

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2021 AND 2020**

|                                    | <u>2021</u>           | <u>2020</u>           |
|------------------------------------|-----------------------|-----------------------|
| <b>ASSETS</b>                      |                       |                       |
| INVESTMENTS (at Fair Value)        | \$ 261,313,976        | \$ 231,856,505        |
| INVESTMENTS (at Contract Value)    | 20,955,099            | 20,792,976            |
| NOTES RECEIVABLE FROM PARTICIPANTS | <u>418,915</u>        | <u>375,378</u>        |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 282,687,990</u> | <u>\$ 253,024,859</u> |

*See accompanying Notes to Financial Statements.*

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2021 AND 2020**

|                                                | <u>2021</u>                  | <u>2020</u>                  |
|------------------------------------------------|------------------------------|------------------------------|
| <b>ADDITIONS:</b>                              |                              |                              |
| <b>INVESTMENT INCOME</b>                       |                              |                              |
| Net Appreciation in Fair Value of Investments  | \$ 25,353,563                | \$ 28,365,139                |
| Interest and Dividends                         | <u>7,315,041</u>             | <u>3,939,664</u>             |
| Total Investment Income                        | 32,668,604                   | 32,304,803                   |
| <b>CONTRIBUTIONS</b>                           |                              |                              |
| Participant                                    | 10,788,225                   | 9,963,586                    |
| Rollover                                       | <u>878,554</u>               | <u>1,840,594</u>             |
| Total Contributions                            | 11,666,779                   | 11,804,180                   |
| <b>OTHER ADDITIONS</b>                         | <u>112,287</u>               | <u>101,632</u>               |
| Total Additions                                | <u>44,447,670</u>            | <u>44,210,615</u>            |
| <b>DEDUCTIONS:</b>                             |                              |                              |
| <b>BENEFITS PAID TO PARTICIPANTS</b>           | 14,561,609                   | 8,355,672                    |
| <b>INVESTMENT ADVISORY AND MANAGEMENT FEES</b> | <u>222,930</u>               | <u>201,590</u>               |
| Total Deductions                               | <u>14,784,539</u>            | <u>8,557,262</u>             |
| <b>NET INCREASE</b>                            | 29,663,131                   | 35,653,353                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>      |                              |                              |
| Beginning of Year                              | <u>253,024,859</u>           | <u>217,371,506</u>           |
| End of Year                                    | <u><u>\$ 282,687,990</u></u> | <u><u>\$ 253,024,859</u></u> |

See accompanying Notes to Financial Statements.

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 1 DESCRIPTION OF PLAN**

The following description of The Association of Universities for Research in Astronomy, Inc. 403(b) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan sponsored by The Association of Universities for Research in Astronomy, Inc. (AURA or the Company) covering substantially all employees of AURA, except those who normally work less than 20 hours per week or those locally hired in the Republic of Chile. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. Employees are eligible to become a participant in the Plan coinciding with his or her date of employment. The Retirement Plan Oversight Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitoring of investment performance.

**Contributions**

The Plan allows participants to contribute a portion of their annual wages not to exceed the annual limits established by the Internal Revenue Service (IRS). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan currently offers several mutual funds, including self-directed brokerage accounts, a stable value fund, variable annuity funds, insurance annuity funds, and a pooled separate account, as investment options for participants.

**Participant Accounts**

Each participant's account is credited with the participant's contribution and allocation of the Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account subject to Plan provisions.

**Vesting**

Participants are 100% vested in individual accounts plus actual earnings thereon.

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 1 DESCRIPTION OF PLAN (CONTINUED)**

**Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

**Plan Loans**

Until July 31, 2017, participants could borrow from the Teachers Insurance and Annuity Association and College Retirement Equities Fund (TIAA) a minimum of \$1,000 and up to the lesser of \$50,000 or 50% of the vested portion of their fund account. These loans are direct loans between the participant and TIAA, a custodian, and as such they are not treated as a transfer from the investment funds to a note receivable from participant or as a plan asset. However, 110% of the outstanding loan balance is collateralized by the participant's account and this portion of their account is transferred at the time of the loan and maintained in the TIAA Traditional Annuity within the participant's account. Loans must be repaid to TIAA by the participant in accordance with the repayment terms of the agreement. In the event of default, foreclosure on the participant's account balance will not occur until a distributable event occurs in the Plan.

Outstanding loans between Plan participants and TIAA totaled \$56,188 and \$92,626 as of December 31, 2021 and 2020, respectively, and were collateralized by investments (at 110% of the outstanding loan balance) included in the statements of net assets available for benefits as of December 31, 2021 and 2020, respectively.

**Payment of Benefits**

Upon severance of employment, death, or disability, a participant will receive the amount of their account valued at the date provided in the Plan document. Benefit payments may be made either in lump sum distributions or in equal installments over a fixed, reasonable period of time. If a participant has a separate account attributable to rollover contributions to the Plan, to the extent permitted by the applicable Individual Agreement (agreement entered into by participant for separate account contributions), the participant may at any time elect to receive a distribution of all or any of the amount held in the rollover account. The Plan allows for hardship distributions subject to Plan provisions and in-service distributions if a participant reaches age 59  $\frac{1}{2}$ .

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. Delinquent notes receivables are recorded as distributions based on the terms of the Plan document.

**Investment Advisory and Management Fees**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments and investment advisory and management fees.

**Payment of Benefits**

Benefits are recorded when paid.

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Provisions of Certain Investments with TIAA-CREF**

Certain participant investment transactions are restricted by TIAA-CREF. Transfers from the TIAA Traditional Annuity are required to be made in the form of a TIAA Transfer Payout Annuity, paying out ten equal installments plus interest over a 10-year period. Transfers from the TIAA Real Estate Account are limited to one per calendar quarter. Other TIAA-CREF investment options provide for a lockout period of 90 days if participants make a purchase, sale, or repurchase within a 60-day period. All restricted assets are included with investments on the accompanying statements of net assets available for benefits.

**Subsequent Events**

The Plan has evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued.

**NOTE 3 CONTRACT WITH INSURANCE COMPANY**

**TIAA Non-fully Benefit-Responsive**

The Plan entered into a non-benefit responsive investment contract with TIAA. TIAA Traditional Annuity contracts are fully allocated contracts backed by the general account of the insurance company. TIAA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The average yield and credited interest rates were approximately 3.58% and 4.08% for 2021 and 2020, respectively. These contracts are included in the financial statements at fair value.

**TIAA Fully Benefit-Responsive**

TIAA reports the portion of the Traditional Annuity holdings within liquid contracts as benefit-responsive. During the accumulation phase, the TIAA Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest, and the potential for additional interest if declared by TIAA. The TIAA Traditional Benefit-Responsive Annuity is fully and unconditionally guaranteed and backed by the claims paying ability of TIAA. The value of the TIAA Traditional Annuity contract is deemed to be no less than the participant's accumulation balance and therefore provides a good approximation of fair value. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. When a participant dies, or selects an income or lump sum benefit, the transaction occurs at the accumulated balance.

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 3 CONTRACT WITH INSURANCE COMPANY (CONTINUED)**

**TIAA Fully Benefit-Responsive (Continued)**

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

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

**NY Life Guaranteed Interest Fully Benefit-Responsive**

The Plan entered into a fully benefit-responsive investment contract with New York Life Insurance Company (NY Life). The New York Life Guaranteed Interest Account is a stable value investment option with a guarantee of principal and accumulated interest provided by NY Life. Contributions to the Guaranteed Interest Account are invested in a group annuity contract issued by NY Life. The investments in the general account are intended to provide a stable crediting rate consistent with preservation of principal. The primary objective of the general account is to ensure that New York Life Insurance Company can meet its obligations to policyholders and contract holders.

The stable value fund meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully-benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. The fund is backed by a diversified portfolio of fixed-income assets held in the general account of the issuer. Guarantees are subject to the claims paying ability of the issuer. Restrictions or fees may apply to exchanges or withdrawals. The contracts provide for the payment of certain withdrawals and exchanges at book value during the terms of the contracts. In order to maintain the contract issuers' promise to pay such withdrawals and exchanges at book value, the contracts subject the fund and its participants to certain restrictions. For example, withdrawals prompted by certain events (e.g., layoffs, early retirement windows, spin-offs, sale of a division, facility closings, plan terminations, partial plan terminations, changes in laws or regulations) may be paid at the market value of the fund's securities, which may be less than the book value balance or may restrict withdrawals in these events.

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 3 CONTRACT WITH INSURANCE COMPANY (CONTINUED)**

**NY Life Guaranteed Interest Fully Benefit-Responsive (Continued)**

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

NY Life may terminate the contract with 60 days advance written notice to the contract holder. The contract may be terminated immediately upon written notice if the Plan fails to maintain its tax-exempt status.

**NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION**

TIAA, FSB, a custodian of other TIAA-CREF investments, TIAA and CREF, the insurance companies, and Fidelity Management Trust Company (Fidelity), the Custodian of the Plan, have supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2021.

**NOTE 5 FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, provides the 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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

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

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)**

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 the fair value measurement. Valuation techniques 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.

*Mutual Funds:* Valued at their net asset value, which typically is the last quoted sales price at time of valuation.

*Self-Directed Brokerage Accounts:* Investments held in participant self-directed accounts are typically market-traded securities. As such, the statement value will be the price of the security's last trade registered on the security's market of record on the reporting date.

*Variable Annuity Funds:* Primarily valued using market quotations or prices obtained from independent pricing sources who may employ various pricing methods to value the investments including matrix pricing. CREF money market account holdings are generally valued at amortized cost. The unit values are listed on the National Association of Security Dealers Automated Quotations (NASDAQ) website and updated overnight for each day the NASDAQ is open.

*Pooled Separate Account:* The unit value is principally derived from the market value of the underlying real estate holdings or other real estate related securities. The unit values are listed on the NASDAQ website and updated overnight for each day the NASDAQ is open.

*Guaranteed Annuity Contract:* Guaranteed annuity contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Plan administrator evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings.

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)**

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

|                                  | 2021                  |             |                      |                       |
|----------------------------------|-----------------------|-------------|----------------------|-----------------------|
|                                  | Level 1               | Level 2     | Level 3              | Total                 |
| Mutual Funds                     | \$ 143,224,972        | \$ -        | \$ -                 | \$ 143,224,972        |
| Self-Directed Brokerage Accounts | 28,728,491            | -           | -                    | 28,728,491            |
| Variable Annuity Funds           | 63,819,853            | -           | -                    | 63,819,853            |
| Pooled Separate Account          | 5,342,340             | -           | -                    | 5,342,340             |
| Guaranteed Annuity Contract      | -                     | -           | 20,198,320           | 20,198,320            |
| Total Assets at Fair Value       | <u>\$ 241,115,656</u> | <u>\$ -</u> | <u>\$ 20,198,320</u> | <u>\$ 261,313,976</u> |

  

|                                  | 2020                  |             |                      |                       |
|----------------------------------|-----------------------|-------------|----------------------|-----------------------|
|                                  | Level 1               | Level 2     | Level 3              | Total                 |
| Mutual Funds                     | \$ 119,742,042        | \$ -        | \$ -                 | \$ 119,742,042        |
| Self-Directed Brokerage Accounts | 27,885,520            | -           | -                    | 27,885,520            |
| Variable Annuity Funds           | 59,095,697            | -           | -                    | 59,095,697            |
| Pooled Separate Account          | 4,561,399             | -           | -                    | 4,561,399             |
| Guaranteed Annuity Contract      | -                     | -           | 20,571,847           | 20,571,847            |
| Total Assets at Fair Value       | <u>\$ 211,284,658</u> | <u>\$ -</u> | <u>\$ 20,571,847</u> | <u>\$ 231,856,505</u> |

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2021 and 2020:

|                                         | Guaranteed<br>Annuity Contract |
|-----------------------------------------|--------------------------------|
| Balance - January 1, 2020               | \$ 20,974,226                  |
| Realized Gains                          | 315,274                        |
| Unrealized Gains Related to Instruments |                                |
| Still Held at the Reporting Date        | 329,504                        |
| Interest                                | 209,670                        |
| Sales                                   | (1,218,421)                    |
| Net Transfers                           | (38,406)                       |
| Balance - December 31, 2020             | <u>20,571,847</u>              |
| Realized Gains                          | 297,661                        |
| Unrealized Gains Related to Instruments |                                |
| Still Held at the Reporting Date        | 322,659                        |
| Interest                                | 121,392                        |
| Sales                                   | (1,160,018)                    |
| Net Transfers                           | 44,779                         |
| Balance - December 31, 2021             | <u>\$ 20,198,320</u>           |

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)**

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

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

| Instrument                        | Fair Value    |              | Principal Valuation<br>Technique                              | Significant<br>Unobservable<br>Inputs     | Range of Significant<br>Input Values       |
|-----------------------------------|---------------|--------------|---------------------------------------------------------------|-------------------------------------------|--------------------------------------------|
|                                   | 2021          | 2020         |                                                               |                                           |                                            |
| Guaranteed<br>Annuity<br>Contract | \$ 20,198,320 | \$20,571,847 | Discounted cash<br>flow, theoretical<br>transfer (exit value) | Risk-adjusted<br>discount rate<br>applied | 2021: 3.00% - 3.80%<br>2020: 3.00% - 4.45% |

**NOTE 6 PLAN TERMINATION**

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

**NOTE 7 TAX STATUS**

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

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

**NOTE 8 PARTY-IN-INTEREST TRANSACTIONS**

The Plan's investments are managed by TIAA, FSB, a custodian of other TIAA-CREF investments, TIAA and CREF, the insurance companies, and Fidelity, the Custodian of the Plan, therefore, these transactions qualify as party-in-interest transactions. Certain fees incurred by the Plan for investment management services are returned to the Plan through revenue sharing and are included in other additions on the statements of changes in net assets available for benefits.

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 9 RISKS AND UNCERTAINTIES**

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

In early 2020, an outbreak of a novel strain of coronavirus (COVID-19) emerged globally. As a result, events have occurred domestically in the United States and globally, including mandates from federal, state, and local authorities, leading to an overall decline in economic activity. The continuation of the effects of COVID-19 could result in significant disruption of global financial markets; however, the ultimate impact of COVID-19 on the financial performance of the Plan's investments cannot be reasonably estimated at this time.

**NOTE 10 SCOPE LIMITATION**

Prior to 2009, the Plan's third-party administrator tracked contributions, investment earnings, distributions, and other activity on a "contract" basis. Each participant was set up as having a separate "contract" and Plan level activity was not captured. This method of administration was utilized prior to January 1, 2009 as the regulations governing 403(b) plans did not require Plan level reporting. The Plan administrator believes a good faith effort was made to obtain all relevant information prior to January 1, 2009. However, as a result of the method of administration and lack of historical Plan level financial reporting by the third-party administrator, the Plan administrator is unable to obtain Plan level information prior to January 1, 2009.

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>         | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | CAUSEWAY INTL VAL IS - DST SYSTEMS INC                              | 43-1581814                                                                    | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | NORTHERN SM CAP VAL - THE NORTHERN TRUST COMPANY                    | 50 SOUTH LASALLE STREET<br>CHICAGO IL<br>US 60603                             | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | AMG YACKTMAN FOCUSED N                                              | 600 STEAMBOAT ROAD<br>SUITE 300<br>GREENWICH CT<br>US 06830                   | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | AQR LARGE CAP MOMENTUM STYLE CL N                                   | 1 GREENWICH PLAZA<br>GREENWICH CT<br>US 06830                                 | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | AQR LARGE CAP DEFENSIVE STYLE CL N                                  | 1 GREENWICH PLAZA<br>GREENWICH CT<br>US 06830                                 | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | INVESCO INTL SMALL MID COMPANY A                                    | 11 GREENWAY PLAZA SUITE 100 HOUSTON TX US 77046                               | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | ALGER SMALL CAP FOCUS CLASS A                                       | 600 PLAZA ONE 6TH FL JERSEY CITY NJ US 07311                                  | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | ALGER SPECTRA FUND CLASS CL A                                       | 600 PLAZA ONE 6TH FL JERSEY CITY NJ US 07311                                  | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | AMER BEACON STEPHENSMID CAP GROWTH                                  | 220 EAST LAS COLINAS BLVD SUITE 12 IRVING TX US 75039                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | AMERICAN FUNDS INFLT LINKED BOND CL                                 | 3500 WISEMAN BLVD SAN ANTONIO TX US 782514321                                 | 0.37%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | AMERICAN MUTUAL FUNDCLASS F1                                        | 3500 WISEMAN BLVD<br>SAN ANTONIO TX<br>US 782514321                           | 0.37%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | BARON OPPORTUNITY FUND                                              | 767 5TH AVENUE 49TH FLOOR<br>NEW YORK NY<br>US 10153                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | BARON REAL ESTATE FUND INSTITUTIONA                                 | 767 5TH AVENUE 49TH FLOOR<br>NEW YORK NY<br>US 10153                          | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | BERKSHIRE FOCUS FUND                                                | 475 MILAN DRIVE<br>SUITE 103<br>SAN JOSE CA<br>US 95134                       | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | BLACKROCK HEALTH SCIENCES OPP PRT A                                 | 40 EAST 52ND STREET<br>NEW YORK NY<br>US 10022                                | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | BLACKROCK NATURAL RESOURCES TR CL A                                 | 40 EAST 52ND STREET<br>NEW YORK NY<br>US 10022                                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | CALVERT GLOBAL WATERFUND CL A                                       | 4550 MONTGOMERY AVENUESUITE 1000 N<br>BETHESDA MD<br>US 20814                 | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | CARILLON SCOUT MID CAP FUND CL I                                    | P. O. BOX 33022<br>ST PETERSBURG FL<br>US 337338022                           | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | COMMONWEALTH NEW ZEALAND                                            | 2 EASTON OVAL SUITE 300<br>COLUMBUS OH<br>US 43219                            | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | CONESTOGA SMALL CAP INVESTOR CLASS                                  | 225 PICTORIA DRIVE<br>SUITE 450<br>CINCINNATI OH<br>US 45246                  | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | CONESTOGA SMID CAP FUND INVESTORS C                                 | 225 PICTORIA DRIVE SUITE 450 CINCINNATI OH US 45246                           | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | DOUBLELINE TOTAL RT BOND FD CL N                                    | 777 EAST WISCONSIN AVENUE MILWAUKEE WI US 53202                               | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | FEDERATED HERMES STR VAL DIV CL A                                   | 4000 ERICSSON DRIVE WARRENDALE PA US 150867515                                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | FEDERATED HERMES KAUFMANN SM CAP A                                  | 4000 ERICSSON DRIVE WARRENDALE PA US 150867515                                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | FIRSTHAND TECHNOLOGY OPPORTUNITIES F                                | 150 ALMADEN BLVD. SUITE 1250 SAN JOSE CA US 95113                             | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

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|--------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY<br>LLC | 60                                                                   | \$0                                                               | SALIENT SELECT<br>INCOME FUND INVESTOR                                    | 345 CALIFORNIA<br>STREET 16TH FLOOR<br>SAN FRANCISCO CA<br>US 94104                 | 0.40%                                                                                             |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY<br>LLC | 60                                                                   | \$0                                                               | HARBOR CAP APP INV                                                        | 111 S. WACKER DR<br>34TH FLOOR<br>CHICAGO IL<br>US 60606                            | 0.35%                                                                                             |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY<br>LLC | 60                                                                   | \$0                                                               | OAKMARK INTL<br>INVESTOR CL                                               | 111 SOUTH WACKER<br>DR.<br>CHICAGO IL<br>US 60606                                   | 0.35%                                                                                             |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY<br>LLC | 60                                                                   | \$0                                                               | JANUS HENDERSON<br>ENTERPRISE T                                           | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                            | 0.35%                                                                                             |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY<br>LLC | 60                                                                   | \$0                                                               | JANUS HENDERSON<br>GLBLINCOME MNG VOL                                     | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                            | 0.35%                                                                                             |

## SCHEDULE C SUPPLEMENTAL REPORT

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | JANUS HENDERSON DEVELOPED WORLD BD                                  | 151 DETROIT ST.<br>DENVER CO<br>US 80206                                      | 0.35%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | JPMORGAN EQUITY INCOME FUND CL A                                    | 1111 POLARIS PARKWAY<br>COLUMBUS OH<br>US 43240                               | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | CLEARBRIDGE SELECT FUND CL A                                        | 620 8TH AVENUE 49TH FL.<br>NEW YORK NY<br>US 10018                            | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | MARSICO GLOBAL FUND                                                 | 235 WEST GALENA STREET<br>MILWAUKEE WI<br>US 53212                            | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | MATTHEWS PACIFIC TIGER FUND                                         | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO CA<br>US 94111                | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | MATTHEWS JAPAN FUND                                                 | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO CA<br>US 94111                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | MATTHEWS INDIA FUND                                                 | 4 EMBARCADERO CENTER SUITE 550<br>SAN FRANCISCO CA<br>US 94111                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | MORGAN STANLEY INTL ADVANTAGE CL A                                  | 522 FIFTH AVENUE 4TH FLOOR<br>NEW YORK NY<br>US 10036                         | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | EVENTIDE GILEAD FUND CLASS N                                        | 80 ARKAY SUITE 110<br>HAUPPAUGE NY<br>US 11788                                | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | AMERICAN NEW PERSPECTIVE CLASS F1                                   | 3500 WISEMAN BLVD<br>SAN ANTONIO TX<br>US 782514321                           | 0.37%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG MFS AGGRESSIVE GROWTH STRATEGY                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG JP MORGAN TACTICAGGRESSIVE STRA                                 | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG BNY MELLON DIVERSIFIER STRAT R                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG MEEDER TACTICAL STRATEGY FUND R                                 | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG INVESCO THEMATIC ESG STRATEGY C                                 | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG JANUS HENDERSON BALANCED STRATE                                 | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG TACTICAL INCOME STRATEGY CL R                                   | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG EQUITY INDEX FOCUSED STRATEGY R                                 | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG SECTOR EQUITY BUS CYCLE STRAT R                                 | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG BR EQUITY ESG STRATEGY CL R                                     | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PFG AMERICAN FUNDS GROWTH STRAT CL                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE WA<br>US 98004                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | RED OAK TECHNOLOGY SELECT                                           | 225 PICTORIA DRIVE SUITE 450<br>CINCINNATI OH<br>US 45246                     | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PARNASSUS ENDEAVOR FUND                                             | ONE MARKET STREET STEUART TOWER SUI<br>SAN FRANCISCO CA<br>US 94105           | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PARNASSUS MID CAP                                                   | ONE MARKET STREET STEUART TOWER SUI<br>SAN FRANCISCO CA<br>US 94105           | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PIMCO INCOME FUND CL A                                              | 1633 BROADWAY<br>NEW YORK NY<br>US 10019                                      | 0.40%                                                                                 |

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|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | PRIMECAP ODYSSEY GROWTH FUND                                        | 2020 E. FINANCIAL WAY SUITE 100<br>GLEN DORA CA<br>US 91741                   | 0.10%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | T ROWE PRICE CAPITAL APPRECIATION AD                                | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | T ROWE PRICE BLUE CHIP GROWTH INC                                   | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | T ROWE PRICE GLOBAL STOCK                                           | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | T ROWE PRICE SMALL CAP VALUE FUND                                   | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE PROVIDER NAME<br><i>Part I, Line 3(a)</i>         | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA)<br><i>Part I, Line 3(e)</i> |
|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | RYDEX NASDAQ 100 INV CLASS                                          | 9601 BLACKWELL RD.<br>STE. 500<br>ROCKVILLE MD<br>US 20850                    | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | RYDEX ELECTRONICS INV CLASS                                         | 9601 BLACKWELL RD.<br>STE. 500<br>ROCKVILLE MD<br>US 20850                    | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | RYDEX BIOTECHNOLOGY INV CLASS                                       | 9601 BLACKWELL RD.<br>STE. 500<br>ROCKVILLE MD<br>US 20850                    | 0.40%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | T ROWE PRICE FLOATING RATE INVEST                                   | 4515 PAINTERS MILL RD<br>OWINGS MILLS MD<br>US 21117                          | 0.15%                                                                                 |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC | 60                                                                   | \$0                                                         | VICTORY RS SCIENCE AND TECHNOLOGY C                                 | 4900 TIEDEMAN RD 4TH FLOOR<br>BROOKLYN OH<br>US 44114                         | 0.40%                                                                                 |

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE<br>PROVIDER NAME<br><i>Part I, Line 3(a)</i>               | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF<br>INDIRECT<br>COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF<br>SOURCE OF INDIRECT<br>COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION<br>OF INDIRECT<br>COMPENSATION<br>(ANNUALIZED<br>FORMULA)<br><i>Part I, Line 3(e)</i> |
|--------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY<br>LLC | 60                                                                   | \$0                                                               | WASATCH ULTRA<br>GROWTH                                                   | 505 WAKARA WAY<br>SUITE 300<br>SALT LAKE CITY UT<br>US 84108                        | 0.40%                                                                                             |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY<br>LLC | 60                                                                   | \$0                                                               | AMERICAN WASHNTN<br>MUTUAL INVESTRS CL                                    | 3500 WISEMAN BLVD<br>SAN ANTONIO TX<br>US 782514321                                 | \$18.00                                                                                           |

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
E.I.N. 86-0138043 PLAN NUMBER 006  
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2021**

| (a) | (b)                                                         | (c)                                             | (d)     | (e)              |
|-----|-------------------------------------------------------------|-------------------------------------------------|---------|------------------|
|     | Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | Description of Investment                       | Cost ** | Current<br>Value |
|     |                                                             | <b><u>Self-Directed Brokerage Accounts:</u></b> |         |                  |
| *   | Fidelity                                                    | BrokerageLink                                   | **      | \$ 28,728,491    |
|     |                                                             | Total Self-Directed Brokerage Accounts          |         | 28,728,491       |
|     |                                                             | <b><u>Mutual Funds:</u></b>                     |         |                  |
| *   | Fidelity                                                    | Fidelity International Index                    | **      | 2,595,500        |
|     | American Funds                                              | Europacific Growth R6                           | **      | 1,929,701        |
|     | Causeway                                                    | Causeway International Value                    | **      | 439,346          |
|     | Fidelity                                                    | Fidelity Sustainability Bond Index              | **      | 1,383,128        |
| *   | Fidelity                                                    | Fidelity US Bond Index                          | **      | 3,545,936        |
| *   | Fidelity                                                    | Fidelity Emerging Markets Index                 | **      | 469,055          |
|     | PGIM                                                        | PGIM Total Return Bond                          | **      | 4,438,471        |
| *   | Fidelity                                                    | Fidelity 500 Index                              | **      | 17,852,798       |
|     | Fidelity                                                    | Fidelity US Sustainability Index                | **      | 3,640,971        |
|     | T. Rowe Price                                               | T. Rowe Price Blue Chip Growth                  | **      | 22,056,286       |
|     | JP Morgan                                                   | JP Morgan Equity Income                         | **      | 1,701,643        |
| *   | Fidelity                                                    | Fidelity Extended Market Index                  | **      | 5,096,598        |
| *   | Fidelity                                                    | Fidelity Government Money Market                | **      | 201,643          |
|     | Vanguard                                                    | Vanguard REIT Index                             | **      | 935,473          |
| *   | Fidelity                                                    | Fidelity Small Cap Index                        | **      | 639,475          |
|     | Conestoga                                                   | Conestoga Small Cap                             | **      | 1,772,552        |
|     | Northern Trust                                              | Northern Small Cap Value                        | **      | 1,264,882        |
|     | Vanguard                                                    | Vanguard Target Retirement Income               | **      | 3,346,722        |
|     | Vanguard                                                    | Vanguard Target Retirement 2015                 | **      | 2,287,414        |
|     | Vanguard                                                    | Vanguard Target Retirement 2020                 | **      | 7,338,593        |
|     | Vanguard                                                    | Vanguard Target Retirement 2025                 | **      | 17,464,702       |
|     | Vanguard                                                    | Vanguard Target Retirement 2030                 | **      | 14,803,747       |
|     | Vanguard                                                    | Vanguard Target Retirement 2035                 | **      | 7,300,582        |
|     | Vanguard                                                    | Vanguard Target Retirement 2040                 | **      | 7,477,869        |
|     | Vanguard                                                    | Vanguard Target Retirement 2045                 | **      | 7,112,767        |
|     | Vanguard                                                    | Vanguard Target Retirement 2050                 | **      | 3,999,229        |
|     | Vanguard                                                    | Vanguard Target Retirement 2055                 | **      | 1,441,546        |
|     | Vanguard                                                    | Vanguard Target Retirement 2060                 | **      | 668,059          |
|     | Vanguard                                                    | Vanguard Target Retirement 2065                 | **      | 20,284           |
|     |                                                             | Total Mutual Funds                              |         | 143,224,972      |

**THE ASSOCIATION OF UNIVERSITIES FOR RESEARCH  
IN ASTRONOMY, INC. 403(B) SAVINGS PLAN  
E.I.N. 86-0138043 PLAN NUMBER 006  
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2021**

| (a) | (b)                                                         | (c)                                                                                        | (d)     | (e)              |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------|------------------|
|     | Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | Description of Investment                                                                  | Cost ** | Current<br>Value |
|     |                                                             | <b><u>Variable Annuity Funds:</u></b>                                                      |         |                  |
| *   | CREF                                                        | Stock Account                                                                              | **      | 29,475,259       |
| *   | CREF                                                        | Social Choice Account                                                                      | **      | 6,202,924        |
| *   | CREF                                                        | Equity Index Account                                                                       | **      | 7,499,063        |
| *   | CREF                                                        | Growth Account                                                                             | **      | 7,153,357        |
| *   | CREF                                                        | Bond Market Account                                                                        | **      | 2,926,115        |
| *   | CREF                                                        | Inflation-Linked Bond                                                                      | **      | 2,020,177        |
| *   | CREF                                                        | Money Market Account                                                                       | **      | 1,148,779        |
| *   | CREF                                                        | Global Equities Account                                                                    | **      | 7,394,179        |
|     |                                                             | Total Variable Annuity Funds                                                               |         | 63,819,853       |
|     |                                                             | <b><u>Pooled Separate Account:</u></b>                                                     |         |                  |
| *   | TIAA                                                        | REA Account                                                                                | **      | 5,342,340        |
|     |                                                             | <b><u>Insurance Annuities:</u></b>                                                         |         |                  |
|     | NY Life                                                     | NY Life Guaranteed Interest Account                                                        | **      | 2,617,996        |
| *   | TIAA                                                        | TIAA Traditional Insurance Benefit<br>Responsive                                           | **      | 18,301,233       |
| *   | TIAA                                                        | TIAA Traditional Insurance Benefit<br>Responsive 2                                         | **      | 10,403           |
| *   | TIAA                                                        | TIAA Traditional Insurance Non Benefit<br>Responsive                                       | **      | 20,198,320       |
| *   | TIAA                                                        | Plan Loan Default Fund                                                                     | **      | 25,467           |
|     |                                                             | Total Insurance Annuities                                                                  |         | 41,153,419       |
| *   | Notes Receivable<br>from Participants                       | Loans Ranging from 1-5 Years of Maturity with<br>Interest Rates Ranging from 4.25% - 6.50% |         | 418,915          |
|     |                                                             | Total Assets (Held at End of Year)                                                         |         | \$ 282,687,990   |

\* Represents a party-in-interest to the Plan.

\*\* Participant-directed investment, cost information is omitted.