

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 12/01/2022
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GOVERNING COMM OF THE ASSOC OF IND COLLEGE AND UNIV OF OHIO MEP 41 S HIGH STREET SUITE 1690 COLUMBUS, OH 43215
2b	Employer Identification Number (EIN) 31-0880079
2c	Plan Sponsor's telephone number 614-228-2196
2d	Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	DAVID MAUGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor PENTEGRA RETIREMENT SERVICES 701 WESTCHESTER AVENUE SUITE 320E WHITE PLAINS, NY 10604	3b Administrator's EIN 13-3745616 3c Administrator's telephone number 844-367-2848																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 4235																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">1696</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">1821</td></tr> <tr><td>6b</td><td style="text-align: right;">2</td></tr> <tr><td>6c</td><td style="text-align: right;">2474</td></tr> <tr><td>6d</td><td style="text-align: right;">4297</td></tr> <tr><td>6e</td><td style="text-align: right;">15</td></tr> <tr><td>6f</td><td style="text-align: right;">4312</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">4201</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">4265</td></tr> <tr><td>6h</td><td style="text-align: right;">2</td></tr> </table>			6a(1)	1696	6a(2)	1821	6b	2	6c	2474	6d	4297	6e	15	6f	4312	6g(1)	4201	6g(2)	4265	6h	2
6a(1)	1696																						
6a(2)	1821																						
6b	2																						
6c	2474																						
6d	4297																						
6e	15																						
6f	4312																						
6g(1)	4201																						
6g(2)	4265																						
6h	2																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																							
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																						
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																							
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☒ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>4</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																						

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMM OF THE ASSOC OF IND COLLEGE AND UNIV OF OHIO MEP	D Employer Identification Number (EIN) 31-0880079	

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					
(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	408415408318	1461	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	56877170
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	55664610

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

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** Balance at the end of the previous year**7b**

57010954

c Additions: (1) Contributions deposited during the year**7c(1)**

448636

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

2785206

(4) Transferred from separate account.....

7c(4)

3668799

(5) Other (specify below)

7c(5)

209921

▶ TRANSFERS, LOAN PMTS

(6) Total additions

7c(6)

7112562

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

64123516

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

3564737

(2) Administration charge made by carrier

7e(2)

0

(3) Transferred to separate account.....

7e(3)

3520522

(4) Other (specify below)

7e(4)

161087

▶ TRANSFERS, NEW LOANS

(5) Total deductions

7e(5)

7246346

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

56877170

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMM OF THE ASSOC OF IND COLLEGE AND UNIV OF OHIO MEP	D Employer Identification Number (EIN) 31-0880079

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	408415	391	03/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	12452950
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	25176717

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

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** Balance at the end of the previous year**7b**

12350327

c Additions: (1) Contributions deposited during the year**7c(1)**

160247

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

500710

(4) Transferred from separate account.....

7c(4)

1156385

(5) Other (specify below)

7c(5)

0

(6) Total additions.....

7c(6)

1817342

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

14167669

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

702520

(2) Administration charge made by carrier

7e(2)

0

(3) Transferred to separate account.....

7e(3)

1011959

(4) Other (specify below)

7e(4)

240

▶ TRANSFERS

(5) Total deductions.....

7e(5)

1714719

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

12452950

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMM OF THE ASSOC OF IND COLLEGE AND UNIV OF OHIO MEP	D Employer Identification Number (EIN) 31-0880079

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	408513	881	12/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	37532593
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	32632414

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

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** Balance at the end of the previous year**7b**

27323557

c Additions: (1) Contributions deposited during the year**7c(1)**

86627

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

141502

(4) Transferred from separate account.....

7c(4)

10897600

(5) Other (specify below)

7c(5)

287

▶ TRANSFERS

(6) Total additions

7c(6)

11126016

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

38449573

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

371608

(2) Administration charge made by carrier

7e(2)

0

(3) Transferred to separate account.....

7e(3)

539762

(4) Other (specify below)

7e(4)

5610

▶ TRANSFERS

(5) Total deductions

7e(5)

916980

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

37532593

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMM OF THE ASSOC OF IND COLLEGE AND UNIV OF OHIO MEP	D Employer Identification Number (EIN) 31-0880079	

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	408510	546	10/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	34202586
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	31063610

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

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** Balance at the end of the previous year**7b**

29221560

c Additions: (1) Contributions deposited during the year**7c(1)**

96732

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

412473

(4) Transferred from separate account.....

7c(4)

7157470

(5) Other (specify below)

7c(5)

14116

▶ TRANSFERS, LOAN PMTS

(6) Total additions.....

7c(6)

7680791

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

36902351

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1578896

(2) Administration charge made by carrier

7e(2)

0

(3) Transferred to separate account.....

7e(3)

1119623

(4) Other (specify below)

7e(4)

1246

▶ TRANSFERS NEW LOANS

(5) Total deductions.....

7e(5)

2699765

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

34202586

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMM OF THE ASSOC OF IND COLLEGE AND UNIV OF OHIO MEP	D Employer Identification Number (EIN) 31-0880079	

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
13-1624203

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

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

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

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

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

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

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

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

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

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

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

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

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

TIAA

730 THIRD AVENUE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	RECORDKEEPER	105835	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PLAN PILOT

223 W JACKSON BLVD
SUITE 800
CHICAGO, IL 60606-6913

45-4168388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	101475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENTEGRA SERVICES, INC

701 WESTCHESTER AVE
SUITE 320E
WHITE PLAINS, NY 10604-3027

13-3745616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	ADMINISTRATO	42366	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LPL FINANCIAL

PO BOX 502533
SAN DIEGO, CA 92150-2533

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	29343	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAW OFFICES OF ALLEN T STEINBERG PC

811 ROSLYN TER
EVANSTON, IL 60201-1723

20-5657685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	5975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMM OF THE ASSOC OF IND COLLEGE AND UNIV OF OHIO MEP	D Employer Identification Number (EIN) 31-0880079

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	114417
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	191704	416188
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3655994	8346758
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	94674059	274732461
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	57010954	141056742
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	155532711	424666566
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	155532711	424666566

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2437581	
(B) Participants	2a(1)(B)	3931641	
(C) Others (including rollovers)	2a(1)(C)	1891232	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		8260454
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14530	
(F) Other	2b(1)(F)	888847	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		903377
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3994992	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3994992
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-773804
(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)		32168553
c Other income	2c		211851
d Total income. Add all income amounts in column (b) and enter total	2d		44765423

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19739332	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1944206	
(3) Other	2e(3)	29137	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21712675
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	245226	
(3) Recordkeeping fees.....	2i(3)	43924	
(4) IQPA audit fees.....	2i(4)	17768	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		306918
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22019593

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22745830
l Transfers of assets:			
(1) To this plan	2l(1)		246388025
(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: **PLANCHEC(K) CPA'S LLC**

(2) EIN: **84-2614035**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)	☒	☐	438372
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMM OF THE ASSOC OF IND COLLEGE AND UNIV OF OHIO MEP	D Employer Identification Number (EIN) 31-0880079	

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): EIN(s): 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
----------	------------

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>05 / 01 / 2015</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500543A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ASSOC OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO MEP	B Three-digit Plan number (PN) ▶	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PENTEGRA RETIREMENT SERVICES	D Administrator's EIN 13-3745616	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer DEFIANCE COLLEGE	2b EIN 34-4430762	2c Percentage of Total Contributions for the Plan Year 11.00	2d Aggregate Account Balances Attributable to Participating Employer 21534685
2a Name of Participating Employer HEIDELBERG UNIVERSITY	2b EIN 34-4428219	2c Percentage of Total Contributions for the Plan Year 19.00	2d Aggregate Account Balances Attributable to Participating Employer 47916337

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☐ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOUNT VERNON NAZARENE UNIVERSITY	31-0725957	18.00	59026473
TIFFIN UNIVERSITY	34-4427516	32.00	43475223
BLUFFTON UNIVERSITY	34-4428207	7.00	38965481
UNIVERSITY OF FINDLAY	34-4431169	4.00	118785467
MUSKINGUM UNIVERSITY	31-4379515	9.00	94767900
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

**ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION**

December 31, 2023 and 2022

CONTENTS

	Page
Independent Auditors' Report	2 - 4
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 18
Supplemental Information	
2023 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	19 - 23
2022 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	24 - 27
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	28
2023 Multiple-Employer Plan Participating Employer Information	29
2022 Multiple-Employer Plan Participating Employer Information	30

Independent Auditors' Report

To the Governing Board of
Association of Independent Colleges and
Universities of Ohio Multiple Employer Plan
Columbus, Ohio

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

We have performed an audit of the financial statements of Association of Independent Colleges and Universities of Ohio Multiple Employer Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the year ended December 31, 2023 and the period of December 1, 2022 (inception) to December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Association of Independent Colleges and Universities of Ohio Multiple Employer Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023 and the period of December 1, 2022 (inception) to December 31, 2022, stating that the certified investment information, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Association of Independent Colleges and Universities of Ohio Multiple Employer Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Association of Independent Colleges and Universities of Ohio Multiple Employer Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Association of Independent Colleges and Universities of Ohio Multiple Employer Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of 2023 and 2022 Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, and 2023 and 2022 Multiple-Employer Plan Participating Employer Information are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ph Check CPA's, LLC

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments:		
At fair value	\$ 384,067,838	\$ 139,622,420
At contract value	<u>40,068,123</u>	<u>15,712,772</u>
Total investments	<u>424,135,961</u>	<u>155,335,192</u>
Receivables:		
Participants' contributions	-	83,940
Universities' contributions	114,417	171,848
Participants' notes receivables	<u>416,188</u>	<u>197,519</u>
Total receivables	<u>530,605</u>	<u>453,307</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 424,666,566</u></u>	 <u><u>\$ 155,788,499</u></u>

The accompanying notes are an integral part of the financial statements.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Statements of Changes in Net Assets Available for Benefits

For the year ended December 31, 2023 and the
period December 1, 2022 (inception) to December 31, 2022

	2023	2022
Additions to Net Assets Attributed to:		
Net appreciation in fair value of investments	\$ 31,606,600	\$ -
Interest and dividends	4,898,369	748,274
Total investment income	36,504,969	748,274
Participants' rollovers	1,891,232	-
Participants' contributions	3,847,701	248,582
Universities' contributions	2,265,733	254,427
Total contributions	8,004,666	503,009
Total additions	44,509,635	1,251,283
Deductions from Net Assets Attributed to:		
Net depreciation in fair value of investments	-	4,807,854
Benefits paid to participants	21,712,675	1,239,811
Administrative expenses	306,918	175,703
Total deductions	22,019,593	6,223,368
Net increase (decrease)	22,490,042	(4,972,085)
Transfer from Defiance College DC Retirement Plan	-	19,965,645
Transfer from Heidelberg University DC Retirement Plan	-	46,450,123
Transfer from Mt. Nazarene University DC Retirement Plan	-	54,048,305
Transfer from Tiffin University DC Plan	-	40,296,511
Transfer from Bluffton University DC Retirement Plan	37,585,083	-
Transfer from Muskingum University DC and TDA Plan	91,026,656	-
Transfer from University of Findlay DC Retirement Plan	117,776,286	-
Total transfers in	246,388,025	160,760,584
Net Assets Available for Benefits:		
Beginning of Year	155,788,499	-
End of Year	\$ 424,666,566	\$ 155,788,499

The accompanying notes are an integral part of the financial statements.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Plan Description

The following description of Association of Independent Colleges and Universities of Ohio Multiple Employer Plan (the Plan) provides only general information. Participants should refer to the Plan Document, Summary Plan Description, and applicable employer participation agreements for a more complete description of the Plan's provisions, which is available from the Plan Administrator.

General

The Plan was adopted on December 1, 2022, and is a defined contribution retirement plan sponsored by The Governing Committee of the Association of Independent Colleges and Universities of Ohio for the benefit of adopting Colleges and Universities who are members of the association. The Plan is offered to certain employees of participating Colleges and Universities (collectively, the "Universities"). Employees are immediately eligible to participate in the Plan as a contributing participant upon commencement of employment with the Universities. Students who are employed by the Universities are generally excluded from participation in the Plan.

On December 1, 2022, Defiance College, Heidelberg University, Mount Vernon Nazarene University, and Tiffin University signed participating agreements to become participating employers in the Plan and transferred \$160,760,584 of assets into the Plan.

On March 1, 2023, October 1, 2023, and December 1, 2023, Bluffton University, Muskingum University, and The University of Findlay signed participating agreements to become participating employers in the Plan, respectively. On March 1, 2023, Bluffton University transferred \$37,585,083 of assets into the Plan. On October 1, 2023, Muskingum University transferred \$91,026,656 of assets into the Plan. On December 1, 2023, The University of Findlay transferred \$117,776,286 of assets into the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Teachers Insurance and Annuity Association (TIAA) serves as the issuer of the TIAA Traditional Annuity Contract held by the Plan and is the recordkeeper of the Plan. College Retirement Equities Fund (CREF) serves as the issuer of the CREF variable annuities held by the Plan.

Contributions

Participants may elect to defer a percentage or dollar amount of their annual qualifying compensation as defined by the Plan, subject to Internal Revenue Service limitations. Participants who are age 50 or older and/or have 15 years of service before the end of the Plan year may make qualifying catch-up contributions. Participants may also contribute amounts representing distributions from other qualified benefit or defined contribution plans (rollover).

The Plan allows the Universities to make matching contributions as defined in the Universities' participation agreements.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Plan Description (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, the University's contribution as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participants' earnings, account balances, or specific participant transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions. Participants are vested in their respective University's contribution plus actual earnings thereon as described in the individual University's participation agreement.

Plan Loans

Participants may borrow from TIAA using their TIAA Traditional Annuity account balances as collateral for the loan. Collateral is required in an amount equal to 110 percent of the outstanding loan balance. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 45 percent of their TIAA Traditional Annuity account balances, subject to annuity contract and Plan provisions. Loan terms range from 1 to 5 years or up to 10 years for the purchase of the participant's primary residence. Loans bear interest at market rates. Principal and interest are paid ratably by the participant to TIAA, and each payment will reduce amounts collateralized by the participant's TIAA Traditional Annuity account balance. The amount of these outstanding loans were approximately \$64,000 and \$109,800 at December 31, 2023 and 2022, respectively. These loans are not included as assets in the accompanying financial statements.

Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest between 4.25% - 9.50%. Principal and interest is paid through bi-weekly payroll deductions.

Payment of Benefits

Upon termination of service or if the participant becomes disabled, reaches age 59½, or has a hardship, a participant may elect to receive a lump-sum amount equal to the value of the account in a lump-sum amount, partial payments, installment payments, or an annuity contract (if assets are held in a custodial account). Certain amounts invested in the TIAA Traditional Annuity may not be distributed in a lump-sum (see redemption restrictions below). A participant may elect to receive a distribution of the rollover contribution at any time. Withdrawals other than for termination are permitted under circumstances provided by the Plan.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Plan Description (continued)

Redemption Restrictions

Certain contracts under the TIAA Traditional Annuity investment have limits on the ability of the participant to transfer or withdraw from the fund. Transfers from the Retirement Annuity (RA) and Transfer Payout Annuity (TPA) contract must be paid over 84 monthly systematic payments. Withdrawals from the RA contract must be paid out in 10 annual installments. The remaining contracts under the TIAA Traditional Annuity investment do not have restrictions related to transfers and withdrawals. Nonsystematic transfers out of TIAA Real Estate are limited to one per calendar quarter. Cash withdrawals from the TIAA Real Estate account are not subject to the quarterly restriction.

Investment Options

Investment account options available include guaranteed investment contracts, mutual funds, variable annuity contracts, and a pooled separate account. Each participant has the option of directing their contributions into any of the investment account options selected by the Universities and may change the allocation to the extent permitted by individual agreements.

Summary of Significant Accounting Principles

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. 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. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Fair Value Measurements footnote for discussion of fair value measurements.

Net appreciation in fair value of investments is reflected in the statements of changes in net assets available for benefits and includes realized gains and losses on investments bought and sold and the change in appreciation from one period to the next.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Summary of Significant Accounting Principles (continued)

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 investment bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Expenses

The Plan's administrative expenses are paid by either the Plan or the Universities as provided by the Plan Document, except for certain account activity charges which are paid from the account of the participant that incurred the charge. The Plan pays administrative expenses. Investment management fees and 12B-1 distribution fees are paid by the Plan in the form of reductions of net investment income earned by Plan participants.

Allocated Insurance Contracts

The Plan has allocated insurance contracts for retirees who were covered under the Plan in prior years. These contracts remain intact and additional contracts have been purchased. The activity related to the allocated insurance contracts for retirees receiving benefits is excluded from the financial statements. The Plan receives no income from these allocated insurance contracts.

Fair Value Measurements

ASC 820, Fair Value Measurements and Disclosures establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 Measurement) and the lowest priority to unobservable inputs (Level 3 Measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Fair Value Measurements (continued)

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used 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, 2023 and 2022:

Mutual Funds: Mutual funds are valued at the market quoted net asset value (NAV) of shares held by the Plan at year-end.

TIAA Traditional Annuity: The TIAA Traditional Annuity is an unallocated fixed-dollar annuity and investment product offered by TIAA, an insurance company. The annuity is fully and unconditionally guaranteed by TIAA. The TIAA Traditional Annuity is maintained in the TIAA general account.

Contributions to the TIAA Traditional Annuity purchase a contractual or guaranteed amount of future benefits for the participants and are secured by the general assets of TIAA.

The TIAA Traditional Annuity provides a guarantee of principal, a 3 percent guaranteed minimum rate of interest, and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the declaration year, which begins annually on March 1. Additional interest is not guaranteed for future years. Contributions to a participant's account purchases a guaranteed amount of lifetime annuity income.

When a participant's account in the TIAA Traditional Annuity is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside the Plan and does not represent an obligation to the Plan.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Fair Value Measurements (continued)

The investment contract with TIAA contains liquidity restrictions that require withdrawals and transfers from the investment contract to other investment options available to the Plan to be spread over a period of ten annual installments or five annual installments after a participant's termination of employment. Therefore, a portion of this account is considered a fully benefit-responsive investment contract (FBRIC) and another portion is considered non-benefit-responsive.

The fully benefit-responsive portion of the contract is recorded at contract value. The non-benefit-responsive portion of the contract is recorded at fair value. At December 31, 2023, the fair value of the non-benefit-responsive contracts at TIAA totaled \$100,988,619 and the contract value of the benefit-responsive contracts totaled \$40,068,123. At December 31, 2022, the fair value of the non-benefit-responsive contracts at TIAA totaled \$41,292,367 and the contract value of the benefit-responsive contracts totaled \$15,712,772.

Certain events limit the ability of the Plan to transact at contract value with the issuers of the Guaranteed Common Trust Funds and TIAA Traditional Annuity. Such events include the following: (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 significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

TIAA Real Estate Pooled Separate Account: The TIAA Real Estate Pooled Separate Account is valued at the net asset value (NAV) per accumulation unit of the investment. The underlying real estate holdings or other real estate-related investments are valued principally utilizing external appraisals. Although the underlying assets of the account cannot be quickly sold and converted to liquid assets, the TIAA general account provides the Plan with a liquidity guarantee. Transfers out of the pooled separate account are limited to one per calendar quarter. There are no unfunded commitments or redemption notice periods.

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows, such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. See definitions above of inputs utilized to determine fair value.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Fair Value Measurements (continued)

The TIAA Real Estate Pooled Separate Account (Account) seeks favorable long-term returns primarily through rental income and appreciation of real estate investments owned by the Account. The Account will also invest in publicly traded securities and short-term high quality liquid investments that are easily converted to cash to enable the Account to meet participant redemption requests, purchase or improve properties to cover other expense needs.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2023 and 2022:

2023				
Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate account (A)	\$ 8,346,758	\$ -	\$ -	\$ -
Mutual funds	274,732,461	274,732,461	-	-
TIAA insurance company annuity contracts	100,988,619	-	-	100,988,619
Total investments	\$ 384,067,838	\$ 274,732,461	\$ -	\$ 100,988,619

2022				
Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate account (A)	\$ 3,655,994	\$ -	\$ -	\$ -
Mutual funds	94,674,059	94,674,059	-	-
TIAA insurance company annuity contracts	41,292,367	-	-	41,292,367
Total investments	\$ 139,622,420	\$ 94,674,059	\$ -	\$ 41,292,367

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Fair Value Measurements (continued)

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share, or its equivalent, (NAV) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits. The value is determined using the NAV as a practical expedient.

Level 3 Reconciliation

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs for the years ended December 31, 2023 and 2022:

	<u>TIAA Traditional Annuity Contract</u>
Balance, December 1, 2022	\$ -
Investment income	151,995
Purchases	72,233
Sales	(203,128)
Transfers in	<u>41,271,267</u>
Balance, December 31, 2022	41,292,367
Investment income	2,818,015
Purchases	914,419
Sales	(4,627,699)
Transfers in	<u>60,591,517</u>
Balance, December 31, 2023	<u>\$ 100,988,619</u>

As the TIAA Traditional Annuity Contract is valued at fair value, which approximates contract value, there are no realized or unrealized gains or losses for this investment included in the net increase in net assets available for benefits.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Unobservable (Level 3) Inputs

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements:

	Fair Value at December 31, 2023	Valuation Technique	Unobservable Inputs	Range
TIAA Traditional Annuity Contract	\$ 100,988,619	Discounted Cash Flow	Contractual Interest Rate	1-3%

	Fair Value at December 31, 2022	Valuation Technique	Unobservable Inputs	Range
TIAA Traditional Annuity Contract	\$ 41,292,367	Discounted Cash Flow	Contractual Interest Rate	1-3%

Fully Benefit-Responsive Traditional Investment Contracts

The Plan holds unallocated, fully benefit responsive investment contracts through its investment holdings in the TIAA Traditional Account (TIAA; Issuer). The TIAA Traditional Individual Fixed Annuity Contracts are individual guaranteed fixed annuity investment contracts issued by TIAA.

Within the TIAA Traditional Individual Fixed Annuity Contracts are six types of contracts available to participants: the Retirement Annuity (RA), the Group Retirement Annuity (GRA), the Retirement Choice (RC), the Supplemental Retirement Annuity (SRA), the Group Supplement Retirement Annuity (GSRA), and the Retirement Choice Plus (RCP). The type of contract through which a participant allocates to the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional amounts paid above the guaranteed minimum interest rate, the degree of liquidity of the participant's account, and the options for receiving income upon retirement. There are certain liquidity restrictions on the RA, GRA, and RC contracts.

Participants with RA, GRA, and RC contracts have certain restrictions over the availability of lump-sum withdrawals from the contracts as well as over the number of installments in which participant-initiated transfers and participant-initiated withdrawals are made. Based on these provisions, the RA, GRA, and RC contracts are considered to be non-fully benefit-responsive. As there are no comparable restrictions over the SRA, GSRA and RCP contracts, those contracts are considered fully benefit-responsive. Participants in the Plan hold investments in both non-fully benefit-responsive and fully benefit-responsive contracts through the TIAA Traditional Account. As of December 1, 2023 and December 31, 2022, the Plan's investments in the fully-benefit responsive contracts are \$40,068,123 and \$15,712,772, respectively. The fully-benefit responsive investments are carried at their contract value, which is the amount participants would receive if withdrawing from the contract.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Fully Benefit-Responsive Traditional Investment Contracts (continued)

TIAA maintains the contributions to the TIAA Traditional Annuity Contracts in its general account. TIAA's general account is credited with earnings on the underlying investments and is charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

All TIAA Traditional Annuity Contracts are directly between TIAA and the participants. Benefit payments from the contracts are paid as an annuity or a lump-sum, as defined in the contracts and as elected by the participant upon meeting the eligibility requirements. There are no conditions specified in any of the contracts under which participant withdrawals and transfers would be restricted or made at a value other than contract value or the annuity or lump-sum benefit, as defined in the contracts. The contracts do not provide any provisions that would allow the issuer to terminate the contracts between the Issuer and the participants.

Based upon this fact and the complexity of the contract provisions of the various TIAA Traditional Annuity Contracts, management had determined that it is not practicable to calculate the Plan's average yields from the contracts based on annualized earnings of the average yields based on the interest rate credited to participants.

Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly TIAA-CREF, a qualified institution, has certified the following information included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) as complete and accurate:

- Investments and notes receivable from participants as shown in the Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022;
- Net investment appreciation (depreciation) and dividends and interest as shown in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2023 and the period December 1, 2022 (inception) to December 31, 2022;
- Investment information included in the Notes to Financial Statements;
- All investment information included in the Supplemental Schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – As of December 31, 2023
- All investment information included in the Supplemental Schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – As of December 31, 2022

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information included in the financial statements and ERISA-required supplemental schedules.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Related Party Transactions

Related party transactions include those with fiduciaries or employees of the Plan, any person who provides service to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

The Plan invests in various funds of the Plan recordkeeper and Custodians. The fees for investment and management services paid by the Plan to the recordkeeper were approximately \$306,918 and \$175,703 for the years ending December 31, 2023 and 2022, respectively. The Universities provide certain administrative services at no cost to the Plan. If revenue is received by the Custodian from mutual fund service providers under a revenue sharing arrangement, the Custodian remits to the Plan on a quarterly basis. Such amounts are used to reduce Plan administrative expenses. Revenue service credits totaled approximately \$232,000 and \$24,000 for the years ended December 31, 2023 and 2022, respectively.

Tax Status

The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code of 1986, as amended. The Plan has not requested or obtained a determination letter, as the Internal Revenue Service does not currently provide that service for 403(b) plans. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and not subject to tax.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

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 accompanying statements of net assets available for benefits.

Plan Termination

Although it has not expressed any intent to do so, the Universities have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants would continue to be 100% vested and the net assets of the Plan would be distributed as prescribed by ERISA.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Prohibited Transactions

During 2023 and 2022, the Universities did not remit wages in a timely manner as defined by the Plan. The Plan will correct the prohibited transactions under the Voluntary Correction Program.

Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2022 to Form 5500:

	2022
Net assets available for benefit per financial statements	\$ 155,788,499
Less: employee contribution receivable	(171,848)
Less: employer contribution receivable	(83,940)
Net assets available for benefits per Form 5500	<u>\$ 155,532,711</u>

The following is a reconciliation of the net increase (decrease) per the financial statements for the years ended December 31, 2023 and 2022 to Form 5500:

	2023	2022
Net increase (decrease) per financial statement	\$ 22,490,042	\$ (4,972,085)
Add: previous year employee contribution receivable	83,940	-
Add: previous year employer contribution receivable	171,848	-
Less: current year employee contribution receivable	-	(83,940)
Less: current year employer contribution receivable	-	(171,848)
Net increase (decrease) per Form 5500	<u>\$ 22,745,830</u>	<u>\$ (5,227,873)</u>

Subsequent Events

The Plan evaluated subsequent events through October 11, 2024, the date the financial statements were issued.

During 2024, two new universities signed participation agreements with the Plan. Approximately \$32,000,000 of assets were transferred to the Plan.

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN
EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
TIAA Insurance Company General Contracts		
*	TIAA TRADITIONAL ANNUITY CONTRACT	\$ 141,056,742
	Total TIAA insurance company annuity contracts	<u>141,056,742</u>
Mutual Funds		
*	CREF STOCK R2	38,330,604
*	CREF MONEY MARKET R2	2,110,122
*	CREF MONEY MARKET R1	59
*	CREF SOCIAL CHOICE R2	6,898,015
*	CREF GLOBAL EQUITIES R2	12,927,102
*	CREF GROWTH R2	12,119,221
*	CREF EQUITY INDEX R2	7,339,653
*	CREF INFLATION-LINKED BOND R2	1,931,793
*	TIAA ACCESS CORE BOND PLUS T3	28,821
*	TIAA ACCESS CORE BOND PLUS T4	26,434
*	TIAA ACCESS CORE BOND T3	38,843
*	TIAA ACCESS CORE BOND T4	149,002
*	TIAA ACCESS EQUITY INDEX T3	145,415
*	TIAA ACCESS EQUITY INDEX T4	25,851
*	TIAA ACCESS GROWTH & INCOME T3	116,487
*	TIAA ACCESS GROWTH & INCOME T4	41,210
*	TIAA ACCESS HIGH-YIELD T3	52,212
*	TIAA ACCESS INFLATION LINKED BOND T4	46,135
*	TIAA ACCESS INTERNATIONAL EQUITY INDEX T3	709,199
*	TIAA ACCESS INTERNATIONAL EQUITY T3	221,030
*	TIAA ACCESS INTERNATIONAL EQUITY T4	432,505
*	TIAA ACCESS LIFECYCLE RETIREMENT INC T3	86,228
*	TIAA ACCESS LIFECYCLE RETIREMENT INC T4	338
*	TIAA ACCESS LARGE CAP GROWTH INDEX T3	105,877
*	TIAA ACCESS LARGE CAP GROWTH T3	76,587
*	TIAA ACCESS LARGE CAP GROWTH T4	221,605

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
*	TIAA ACCESS LARGE CAP VALUE INDEX T3	252,336
*	TIAA ACCESS LARGE CAP VALUE T3	419,406
*	TIAA ACCESS LARGE CAP VALUE T4	447,470
*	TIAA ACCESS LIFECYCLE 2015 T3	162,992
*	TIAA ACCESS LIFECYCLE 2015 T4	888
*	TIAA ACCESS LIFECYCLE 2020 T3	34,620
*	TIAA ACCESS LIFECYCLE 2020 T4	5,453
*	TIAA ACCESS LIFECYCLE 2025 T3	205,127
*	TIAA ACCESS LIFECYCLE 2025 T4	445,053
*	TIAA ACCESS LIFECYCLE 2030 T3	87,095
*	TIAA ACCESS LIFECYCLE 2030 T4	18,098
*	TIAA ACCESS LIFECYCLE 2035 T3	270,523
*	TIAA ACCESS LIFECYCLE 2035 T4	292,192
*	TIAA ACCESS LIFECYCLE 2040 T3	527,672
*	TIAA ACCESS LIFECYCLE 2040 T4	130,632
*	TIAA ACCESS LIFECYCLE 2045 T3	214,148
*	TIAA ACCESS LIFECYCLE 2045 T4	252,585
*	TIAA ACCESS LIFECYCLE 2050 T3	129,385
*	TIAA ACCESS LIFECYCLE 2050 T4	99,356
*	TIAA ACCESS MID-CAP GROWTH T3	3,950
*	TIAA ACCESS MID-CAP GROWTH T4	108,608
*	TIAA ACCESS MID-CAP VALUE T3	258,887
*	TIAA ACCESS MID-CAP VALUE T4	246,315
*	TIAA ACCESS MONEY MARKET T3	1,933
*	TIAA ACCESS REAL ESTATE SECURITIES T3	168,047
*	TIAA ACCESS REAL ESTATE SECURITIES T4	165,581
*	TIAA ACCESS SMALL CAP BL INDEX T3	414,263
*	TIAA ACCESS SMALL CAP BL INDEX T4	163,129
*	TIAA ACCESS QUANTITATIVE SMALL CAP EQUITY T3	196,087
*	TIAA ACCESS QUANTITATIVE SMALL CAP EQUITY T4	165,018
*	TIAA ACCESS SOCIAL CHOICE EQUITY T3	473,220
*	TIAA ACCESS SOCIAL CHOICE EQUITY T4	640,145
*	TIAA ACCESS TRP LARGE CAP GROWTH I T3	23,293
*	TIAA ACCESS - WAM CORE PL BOND T3	58,804
*	CREF CORE BOND R2	3,388,675

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
	AMERICAN EUROPAC GROWTH R6	25,514,643
	AMERICAN FUND NEW PERSPECTIVE R6	11,091,316
	PIMCO TOTAL RETURN INSTITUTIONAL CLASS	793,180
	VANGUARD FEDERAL MONEY MARKET INV	1,537,005
	VANGUARD INFLATION PROTECTED SECURITIES ADM	1,685,996
	VANGUARD INSTITUTIONAL INDEX INST	65,477,785
	VANGUARD SMALL-CAP INDEX ADM	6,729,741
	VANGUARD MID-CAP INDEX ADM	1,514,788
*	TIAA-CREF CORE IMPACT BOND INSTITUTIONAL	350,630
	EATONVANCEEMERGING MARKETS	1,888,089
	PIMCO INTERNATIONAL BOND US DOLLAR HEDGED INST	6,297,038
	PIMCO HIGH YIELD INSTITUTIONAL	8,639,491
	PIMCO INCOME FUND INSTITUTIONAL	3,194,996
	BAIRD AGGREGATE BOND INST	271,076
	DELAWARE SMALL CAP VALUE R6	73,107
	CLEARBRIDGE SMALL CAP GROWTH IS	239,492
	PRINCIPAL REAL ESTATE SECURITIES R6	233,657
	PARNASSUS CORE EQUITY INSTITUTIONAL	1,335,850
	VANGUARD INTERMEDIATE TERM BOND INDEX ADM	459,755
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX ADM	873,843
*	TIAA ACCESS LIFECYCLE 2055 T3	11,622
*	TIAA ACCESS LIFECYCLE 2060 T3	15
*	CREF CORE BOND R2	277,753
*	CREF EQUITY INDEX R2	278,955
*	CREF GLOBAL EQUITIES R2	3,653,190
*	CREF GROWTH R2	4,160,621
*	CREF INFLATION-LINKED BOND R2	655,857
*	CREF CORE BOND R2	237,021
*	CREF MONEY MARKET R2	785,675
*	CREF EQUITY INDEX R2	1,993,531
*	CREF GLOBAL EQUITIES R2	697,249
*	CREF SOCIAL CHOICE R2	4,264,245
*	CREF STOCK R2	10,033,587
*	CREF GROWTH R2	982,501
*	CREF INFLATION-LINKED BOND R2	77,427

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
*	CREF MONEY MARKET R2	210,847
*	CREF SOCIAL CHOICE R2	477,124
*	CREF STOCK R2	3,043,803
*	CREF CORE BOND R2	473,438
*	CREF EQUITY INDEX R2	876,727
*	CREF GLOBAL EQUITIES R2	1,033,351
*	CREF GROWTH R2	889,262
*	CREF INFLATION-LINKED BOND R2	214,469
*	CREF MONEY MARKET R2	389,307
*	CREF SOCIAL CHOICE R2	945,562
*	CREF STOCK R2	4,755,392
*	TIAA-CREF INTL EQ INDEX-INST	50,604
*	TIAA-CREF LIFECYCLE 2010-INST	10
*	TIAA-CREF LIFECYCLE 2015-INST	4
*	TIAA-CREF LIFECYCLE 2020-INST	23
*	TIAA-CREF LIFECYCLE 2025-INST	61
*	TIAA-CREF LIFECYCLE 2030-INST	74
*	TIAA-CREF LIFECYCLE 2035-INST	4,541
*	TIAA-CREF LIFECYCLE 2040-INST	4,550
*	TIAA-CREF LIFECYCLE 2045-INST	159
*	TIAA-CREF LIFECYCLE 2050-INST	101
*	TIAA-CREF LIFECYCLE 2055-INST	80
*	TIAA-CREF LIFECYCLE 2060-INST	54
*	TIAA-CREF LIFECYCLE 2065-INST	4
*	TIAA-CREF MONEY MARKET-INST	11
*	TIAA-CREF SHORT TERM BOND-INST	5
	HARDING LOEVNER EMERGING MARKETS ADV	13
	METROPOLITAN WEST TOTAL RETURN BOND M	13
	DELAWARE SMALL CAP VALUE INST	7
	JP MORGAN US RESEARCHED ENHANCE EQ R6	23,039
	LAZARD INTERN STRAT EQ OPEN	16
	VANGUARD REAL ESTATE INDEX ADM	15,134
	PUTNAM LARGE CAP VALUE FUND R6	11,953
	PGIM HIGH YIELD R6	125,874
	VANGUARD TOTAL STOCK MARKET INDEX INST	17,470

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
	ALLSPRING SPEC MID CAP VAL R6	86,593
*	TIAA ACCESS LIFECYCLE 2010 T4	32,396
*	TIAA ACCESS MONEY MARKET T4	1,926
*	TIAA ACCESS LIFECYCLE 2060 T4	38,688
*	TIAA ACCESS LIFECYCLE 2055 T4	47,715
	Total Mutual Funds	274,732,461

Pooled Separate Account

*	TIAA REAL ESTATE	8,346,758
	Total Pooled Separate Accounts	8,346,758

*	Participant Notes Receivable (Interest 4.25% to 9.50%)	416,188
		\$ 424,552,149

* Denotes a party-in-interest

** Historical cost is not required as all investments are participant directed

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2022

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
TIAA Insurance Company General Contracts		
*	TIAA TRADITIONAL ANNUITY CONTRACT	\$ 57,005,139
	Total TIAA insurance company annuity contracts	57,005,139
Mutual Funds		
*	CREF STOCK R2	10,052,005
*	CREF MONEY MARKET R2	613,212
*	CREF MONEY MARKET R1	16,065
*	CREF SOCIAL CHOICE R2	1,905,788
*	CREF GLOBAL EQUITIES R2	3,198,616
*	CREF GROWTH R2	2,679,609
*	CREF EQUITY INDEX R2	1,176,764
*	CREF INFLATION-LINKED BOND R2	670,522
*	TIAA ACCESS CORE BOND PLUS T3	27,422
*	TIAA ACCESS CORE BOND PLUS T4	4,826
*	TIAA ACCESS CORE BOND T3	43,004
*	TIAA ACCESS CORE BOND T4	11,704
*	TIAA ACCESS EQUITY INDEX T3	116,696
*	TIAA ACCESS EQUITY INDEX T4	9,418
*	TIAA ACCESS GROWTH & INCOME T3	112,711
*	TIAA ACCESS GROWTH & INCOME T4	13,835
*	TIAA ACCESS HIGH-YIELD T3	52,392
*	TIAA ACCESS INFLATION LINKED BOND T4	615
*	TIAA ACCESS INTERNATIONAL EQUITY INDEX T3	678,418
*	TIAA ACCESS INTERNATIONAL EQUITY T3	218,530
*	TIAA ACCESS INTERNATIONAL EQUITY T4	69,853
*	TIAA ACCESS LIFECYCLE RETIREMENT INC T3	86,241
*	TIAA ACCESS LIFECYCLE RETIREMENT INC T4	98
*	TIAA ACCESS LARGE CAP GROWTH INDEX T3	87,328
*	TIAA ACCESS LARGE CAP GROWTH T3	52,318
*	TIAA ACCESS LARGE CAP GROWTH T4	41,088

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2022

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
*	TIAA ACCESS LARGE CAP VALUE INDEX T3	245,446
*	TIAA ACCESS LARGE CAP VALUE T3	435,769
*	TIAA ACCESS LARGE CAP VALUE T4	136,755
*	TIAA ACCESS LIFECYCLE 2015 T3	152,371
*	TIAA ACCESS LIFECYCLE 2015 T4	10
*	TIAA ACCESS LIFECYCLE 2020 T3	31,673
*	TIAA ACCESS LIFECYCLE 2020 T4	26,389
*	TIAA ACCESS LIFECYCLE 2025 T3	201,775
*	TIAA ACCESS LIFECYCLE 2025 T4	58,894
*	TIAA ACCESS LIFECYCLE 2030 T3	90,081
*	TIAA ACCESS LIFECYCLE 2030 T4	15,504
*	TIAA ACCESS LIFECYCLE 2035 T3	233,483
*	TIAA ACCESS LIFECYCLE 2035 T4	170,595
*	TIAA ACCESS LIFECYCLE 2040 T3	447,715
*	TIAA ACCESS LIFECYCLE 2040 T4	24,641
*	TIAA ACCESS LIFECYCLE 2045 T3	186,999
*	TIAA ACCESS LIFECYCLE 2045 T4	18,362
*	TIAA ACCESS LIFECYCLE 2050 T3	112,537
*	TIAA ACCESS LIFECYCLE 2050 T4	49,486
*	TIAA ACCESS MID-CAP GROWTH T3	15,825
*	TIAA ACCESS MID-CAP GROWTH T4	33,717
*	TIAA ACCESS MID-CAP VALUE T3	306,122
*	TIAA ACCESS MID-CAP VALUE T4	83,698
*	TIAA ACCESS MONEY MARKET T3	1,848
*	TIAA ACCESS REAL ESTATE SECURITIES T3	167,525
*	TIAA ACCESS REAL ESTATE SECURITIES T4	58,870
*	TIAA ACCESS SMALL CAP BL INDEX T3	389,643
*	TIAA ACCESS SMALL CAP BL INDEX T4	45,151
*	TIAA ACCESS QUANTITATIVE SMALL CAP EQUITY T3	187,893
*	TIAA ACCESS QUANTITATIVE SMALL CAP EQUITY T4	47,240
*	TIAA ACCESS SOCIAL CHOICE EQUITY T3	423,656
*	TIAA ACCESS SOCIAL CHOICE EQUITY T4	10,299
*	TIAA ACCESS TRP LARGE CAP GROWTH I T3	36,825
*	TIAA ACCESS - WAM CORE PL BOND T3	63,087
*	CREF CORE BOND R2	584,182

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2022

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
	AMERICAN FUNDS EUROPAC GROWTH R6	9,363,302
	AMERICAN FUNDS NEW PERSPECTIVE R6	3,915,814
	PIMCO TOTAL RETURN INSTITUTIONAL CLASS	315,155
	VANGUARD TREASURY MONEY MARKET INV	2,394
	VANGUARD FEDERAL MONEY MARKET INV	110,248
	VANGUARD INFLATION PROTECTED SECURITIES ADM	593,983
	VANGUARD INSTITUTIONAL INDEX INST	21,912,738
	VANGUARD SMALL-CAP INDEX ADM	2,408,876
	VANGUARD MID-CAP INDEX ADM	446,808
*	TIAA-CREF CORE IMPACT BOND INSTITUTIONAL	42,741
	EATONVANCEEMERGING MARKETS	698,955
	PIMCO INTERNATIONAL BOND US DOLLAR HEDGED INST	2,293,171
	PIMCO HIGH YIELD INSTITUTIONAL	3,278,736
	PIMCO INCOME FUND INSTITUTIONAL	1,200,521
	BAIRD AGGREGATE BOND INST	151,034
	DELAWARE SMALL CAP VALUE R6	11,997
	CLEARBRIDGE SMALL CAP GROWTH IS	122,190
	PRINCIPAL REAL ESTATE SECURITIES R6	76,132
	PARNASSUS CORE EQUITY INSTITUTIONAL	118,521
	VANGUARD INTERMEDIATE TERM BOND INDEX ADM	188,143
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX ADM	66,670
*	TIAA ACCESS LIFECYCLE 2055 T3	9,708
*	TIAA ACCESS LIFECYCLE 2060 T3	12
*	CREF CORE BOND R2	270,085
*	CREF EQUITY INDEX R2	224,543
*	CREF GLOBAL EQUITIES R2	850,619
*	CREF GROWTH R2	510,554
*	CREF INFLATION-LINKED BOND R2	163,473
*	CREF CORE BOND R2	326,794
*	CREF MONEY MARKET R2	152,750
*	CREF EQUITY INDEX R2	234,865
*	CREF GLOBAL EQUITIES R2	634,479
*	CREF SOCIAL CHOICE R2	527,688
*	CREF STOCK R2	2,501,956
*	CREF GROWTH R2	736,606

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2022

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
*	CREF INFLATION-LINKED BOND R2	157,591
*	CREF MONEY MARKET R2	230,092
*	CREF SOCIAL CHOICE R2	440,511
*	CREF STOCK R2	2,743,173
*	CREF CORE BOND R2	632,356
*	CREF EQUITY INDEX R2	731,651
*	CREF GLOBAL EQUITIES R2	1,001,556
*	CREF GROWTH R2	878,990
*	CREF INFLATION-LINKED BOND R2	261,880
*	CREF MONEY MARKET R2	300,396
*	CREF SOCIAL CHOICE R2	768,035
*	CREF STOCK R2	5,032,423
	Total Mutual Funds	94,674,059

Pooled Separate Account

*	TIAA REAL ESTATE	3,655,994
	Total Pooled Separate Accounts	3,655,994

*	Participant Notes Receivable (Interest 4.25% to 8.00%)	197,519
		\$ 155,532,711

* Denotes a party-in-interest

** Historical cost is not required as all investments are participant directed

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN
EIN: 84-2495214 PLAN: #333

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

December 31, 2023

Line 4a - Schedule of Delinquent Participant Contributions					
Year	Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	\$ 64,669	\$ -	\$ 64,669	\$ -	\$ -
2023	\$ 373,703	\$ -	\$ 373,703	\$ -	\$ -

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN
EIN: 31-0880079 PLAN: #333

Multiple-Employer Plan Participating Employer Information

December 31, 2023

Participating Employer	EIN	% of Total Contributions
Tiffin University	34-4427516	32%
Heidelberg University	34-4428219	19%
Mt. Vernon Nazarene University	31-0725957	18%
Defiance College	34-4430762	11%
Muskingham University	31-4379515	9%
Bluffton University	34-4428207	7%
University of Findlay	34-4431169	4%

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Multiple-Employer Plan Participating Employer Information

December 31, 2022

Participating Employer	EIN	% of Total Contributions
Tiffin University	34-4427516	31%
Defiance College	34-4430762	27%
Heidelberg University	34-4428219	22%
Mt. Vernon Nazarene University	31-0725957	20%

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN
EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
TIAA Insurance Company General Contracts		
*	TIAA TRADITIONAL ANNUITY CONTRACT	\$ 141,056,742
	Total TIAA insurance company annuity contracts	<u>141,056,742</u>
Mutual Funds		
*	CREF STOCK R2	38,330,604
*	CREF MONEY MARKET R2	2,110,122
*	CREF MONEY MARKET R1	59
*	CREF SOCIAL CHOICE R2	6,898,015
*	CREF GLOBAL EQUITIES R2	12,927,102
*	CREF GROWTH R2	12,119,221
*	CREF EQUITY INDEX R2	7,339,653
*	CREF INFLATION-LINKED BOND R2	1,931,793
*	TIAA ACCESS CORE BOND PLUS T3	28,821
*	TIAA ACCESS CORE BOND PLUS T4	26,434
*	TIAA ACCESS CORE BOND T3	38,843
*	TIAA ACCESS CORE BOND T4	149,002
*	TIAA ACCESS EQUITY INDEX T3	145,415
*	TIAA ACCESS EQUITY INDEX T4	25,851
*	TIAA ACCESS GROWTH & INCOME T3	116,487
*	TIAA ACCESS GROWTH & INCOME T4	41,210
*	TIAA ACCESS HIGH-YIELD T3	52,212
*	TIAA ACCESS INFLATION LINKED BOND T4	46,135
*	TIAA ACCESS INTERNATIONAL EQUITY INDEX T3	709,199
*	TIAA ACCESS INTERNATIONAL EQUITY T3	221,030
*	TIAA ACCESS INTERNATIONAL EQUITY T4	432,505
*	TIAA ACCESS LIFECYCLE RETIREMENT INC T3	86,228
*	TIAA ACCESS LIFECYCLE RETIREMENT INC T4	338
*	TIAA ACCESS LARGE CAP GROWTH INDEX T3	105,877
*	TIAA ACCESS LARGE CAP GROWTH T3	76,587
*	TIAA ACCESS LARGE CAP GROWTH T4	221,605

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
*	TIAA ACCESS LARGE CAP VALUE INDEX T3	252,336
*	TIAA ACCESS LARGE CAP VALUE T3	419,406
*	TIAA ACCESS LARGE CAP VALUE T4	447,470
*	TIAA ACCESS LIFECYCLE 2015 T3	162,992
*	TIAA ACCESS LIFECYCLE 2015 T4	888
*	TIAA ACCESS LIFECYCLE 2020 T3	34,620
*	TIAA ACCESS LIFECYCLE 2020 T4	5,453
*	TIAA ACCESS LIFECYCLE 2025 T3	205,127
*	TIAA ACCESS LIFECYCLE 2025 T4	445,053
*	TIAA ACCESS LIFECYCLE 2030 T3	87,095
*	TIAA ACCESS LIFECYCLE 2030 T4	18,098
*	TIAA ACCESS LIFECYCLE 2035 T3	270,523
*	TIAA ACCESS LIFECYCLE 2035 T4	292,192
*	TIAA ACCESS LIFECYCLE 2040 T3	527,672
*	TIAA ACCESS LIFECYCLE 2040 T4	130,632
*	TIAA ACCESS LIFECYCLE 2045 T3	214,148
*	TIAA ACCESS LIFECYCLE 2045 T4	252,585
*	TIAA ACCESS LIFECYCLE 2050 T3	129,385
*	TIAA ACCESS LIFECYCLE 2050 T4	99,356
*	TIAA ACCESS MID-CAP GROWTH T3	3,950
*	TIAA ACCESS MID-CAP GROWTH T4	108,608
*	TIAA ACCESS MID-CAP VALUE T3	258,887
*	TIAA ACCESS MID-CAP VALUE T4	246,315
*	TIAA ACCESS MONEY MARKET T3	1,933
*	TIAA ACCESS REAL ESTATE SECURITIES T3	168,047
*	TIAA ACCESS REAL ESTATE SECURITIES T4	165,581
*	TIAA ACCESS SMALL CAP BL INDEX T3	414,263
*	TIAA ACCESS SMALL CAP BL INDEX T4	163,129
*	TIAA ACCESS QUANTITATIVE SMALL CAP EQUITY T3	196,087
*	TIAA ACCESS QUANTITATIVE SMALL CAP EQUITY T4	165,018
*	TIAA ACCESS SOCIAL CHOICE EQUITY T3	473,220
*	TIAA ACCESS SOCIAL CHOICE EQUITY T4	640,145
*	TIAA ACCESS TRP LARGE CAP GROWTH I T3	23,293
*	TIAA ACCESS - WAM CORE PL BOND T3	58,804
*	CREF CORE BOND R2	3,388,675

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
	AMERICAN EUROPAC GROWTH R6	25,514,643
	AMERICAN FUND NEW PERSPECTIVE R6	11,091,316
	PIMCO TOTAL RETURN INSTITUTIONAL CLASS	793,180
	VANGUARD FEDERAL MONEY MARKET INV	1,537,005
	VANGUARD INFLATION PROTECTED SECURITIES ADM	1,685,996
	VANGUARD INSTITUTIONAL INDEX INST	65,477,785
	VANGUARD SMALL-CAP INDEX ADM	6,729,741
	VANGUARD MID-CAP INDEX ADM	1,514,788
*	TIAA-CREF CORE IMPACT BOND INSTITUTIONAL	350,630
	EATONVANCEEMERGING MARKETS	1,888,089
	PIMCO INTERNATIONAL BOND US DOLLAR HEDGED INST	6,297,038
	PIMCO HIGH YIELD INSTITUTIONAL	8,639,491
	PIMCO INCOME FUND INSTITUTIONAL	3,194,996
	BAIRD AGGREGATE BOND INST	271,076
	DELAWARE SMALL CAP VALUE R6	73,107
	CLEARBRIDGE SMALL CAP GROWTH IS	239,492
	PRINCIPAL REAL ESTATE SECURITIES R6	233,657
	PARNASSUS CORE EQUITY INSTITUTIONAL	1,335,850
	VANGUARD INTERMEDIATE TERM BOND INDEX ADM	459,755
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX ADM	873,843
*	TIAA ACCESS LIFECYCLE 2055 T3	11,622
*	TIAA ACCESS LIFECYCLE 2060 T3	15
*	CREF CORE BOND R2	277,753
*	CREF EQUITY INDEX R2	278,955
*	CREF GLOBAL EQUITIES R2	3,653,190
*	CREF GROWTH R2	4,160,621
*	CREF INFLATION-LINKED BOND R2	655,857
*	CREF CORE BOND R2	237,021
*	CREF MONEY MARKET R2	785,675
*	CREF EQUITY INDEX R2	1,993,531
*	CREF GLOBAL EQUITIES R2	697,249
*	CREF SOCIAL CHOICE R2	4,264,245
*	CREF STOCK R2	10,033,587
*	CREF GROWTH R2	982,501
*	CREF INFLATION-LINKED BOND R2	77,427

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
*	CREF MONEY MARKET R2	210,847
*	CREF SOCIAL CHOICE R2	477,124
*	CREF STOCK R2	3,043,803
*	CREF CORE BOND R2	473,438
*	CREF EQUITY INDEX R2	876,727
*	CREF GLOBAL EQUITIES R2	1,033,351
*	CREF GROWTH R2	889,262
*	CREF INFLATION-LINKED BOND R2	214,469
*	CREF MONEY MARKET R2	389,307
*	CREF SOCIAL CHOICE R2	945,562
*	CREF STOCK R2	4,755,392
*	TIAA-CREF INTL EQ INDEX-INST	50,604
*	TIAA-CREF LIFECYCLE 2010-INST	10
*	TIAA-CREF LIFECYCLE 2015-INST	4
*	TIAA-CREF LIFECYCLE 2020-INST	23
*	TIAA-CREF LIFECYCLE 2025-INST	61
*	TIAA-CREF LIFECYCLE 2030-INST	74
*	TIAA-CREF LIFECYCLE 2035-INST	4,541
*	TIAA-CREF LIFECYCLE 2040-INST	4,550
*	TIAA-CREF LIFECYCLE 2045-INST	159
*	TIAA-CREF LIFECYCLE 2050-INST	101
*	TIAA-CREF LIFECYCLE 2055-INST	80
*	TIAA-CREF LIFECYCLE 2060-INST	54
*	TIAA-CREF LIFECYCLE 2065-INST	4
*	TIAA-CREF MONEY MARKET-INST	11
*	TIAA-CREF SHORT TERM BOND-INST	5
	HARDING LOEVNER EMERGING MARKETS ADV	13
	METROPOLITAN WEST TOTAL RETURN BOND M	13
	DELAWARE SMALL CAP VALUE INST	7
	JP MORGAN US RESEARCHED ENHANCE EQ R6	23,039
	LAZARD INTERN STRAT EQ OPEN	16
	VANGUARD REAL ESTATE INDEX ADM	15,134
	PUTNAM LARGE CAP VALUE FUND R6	11,953
	PGIM HIGH YIELD R6	125,874
	VANGUARD TOTAL STOCK MARKET INDEX INST	17,470

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2023

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
	ALLSPRING SPEC MID CAP VAL R6	86,593
*	TIAA ACCESS LIFECYCLE 2010 T4	32,396
*	TIAA ACCESS MONEY MARKET T4	1,926
*	TIAA ACCESS LIFECYCLE 2060 T4	38,688
*	TIAA ACCESS LIFECYCLE 2055 T4	47,715
	Total Mutual Funds	274,732,461

Pooled Separate Account

*	TIAA REAL ESTATE	8,346,758
	Total Pooled Separate Accounts	8,346,758

*	Participant Notes Receivable (Interest 4.25% to 9.50%)	416,188
		\$ 424,552,149

* Denotes a party-in-interest

** Historical cost is not required as all investments are participant directed

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2022

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
TIAA Insurance Company General Contracts		
*	TIAA TRADITIONAL ANNUITY CONTRACT	\$ 57,005,139
	Total TIAA insurance company annuity contracts	57,005,139
Mutual Funds		
*	CREF STOCK R2	10,052,005
*	CREF MONEY MARKET R2	613,212
*	CREF MONEY MARKET R1	16,065
*	CREF SOCIAL CHOICE R2	1,905,788
*	CREF GLOBAL EQUITIES R2	3,198,616
*	CREF GROWTH R2	2,679,609
*	CREF EQUITY INDEX R2	1,176,764
*	CREF INFLATION-LINKED BOND R2	670,522
*	TIAA ACCESS CORE BOND PLUS T3	27,422
*	TIAA ACCESS CORE BOND PLUS T4	4,826
*	TIAA ACCESS CORE BOND T3	43,004
*	TIAA ACCESS CORE BOND T4	11,704
*	TIAA ACCESS EQUITY INDEX T3	116,696
*	TIAA ACCESS EQUITY INDEX T4	9,418
*	TIAA ACCESS GROWTH & INCOME T3	112,711
*	TIAA ACCESS GROWTH & INCOME T4	13,835
*	TIAA ACCESS HIGH-YIELD T3	52,392
*	TIAA ACCESS INFLATION LINKED BOND T4	615
*	TIAA ACCESS INTERNATIONAL EQUITY INDEX T3	678,418
*	TIAA ACCESS INTERNATIONAL EQUITY T3	218,530
*	TIAA ACCESS INTERNATIONAL EQUITY T4	69,853
*	TIAA ACCESS LIFECYCLE RETIREMENT INC T3	86,241
*	TIAA ACCESS LIFECYCLE RETIREMENT INC T4	98
*	TIAA ACCESS LARGE CAP GROWTH INDEX T3	87,328
*	TIAA ACCESS LARGE CAP GROWTH T3	52,318
*	TIAA ACCESS LARGE CAP GROWTH T4	41,088

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2022

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
*	TIAA ACCESS LARGE CAP VALUE INDEX T3	245,446
*	TIAA ACCESS LARGE CAP VALUE T3	435,769
*	TIAA ACCESS LARGE CAP VALUE T4	136,755
*	TIAA ACCESS LIFECYCLE 2015 T3	152,371
*	TIAA ACCESS LIFECYCLE 2015 T4	10
*	TIAA ACCESS LIFECYCLE 2020 T3	31,673
*	TIAA ACCESS LIFECYCLE 2020 T4	26,389
*	TIAA ACCESS LIFECYCLE 2025 T3	201,775
*	TIAA ACCESS LIFECYCLE 2025 T4	58,894
*	TIAA ACCESS LIFECYCLE 2030 T3	90,081
*	TIAA ACCESS LIFECYCLE 2030 T4	15,504
*	TIAA ACCESS LIFECYCLE 2035 T3	233,483
*	TIAA ACCESS LIFECYCLE 2035 T4	170,595
*	TIAA ACCESS LIFECYCLE 2040 T3	447,715
*	TIAA ACCESS LIFECYCLE 2040 T4	24,641
*	TIAA ACCESS LIFECYCLE 2045 T3	186,999
*	TIAA ACCESS LIFECYCLE 2045 T4	18,362
*	TIAA ACCESS LIFECYCLE 2050 T3	112,537
*	TIAA ACCESS LIFECYCLE 2050 T4	49,486
*	TIAA ACCESS MID-CAP GROWTH T3	15,825
*	TIAA ACCESS MID-CAP GROWTH T4	33,717
*	TIAA ACCESS MID-CAP VALUE T3	306,122
*	TIAA ACCESS MID-CAP VALUE T4	83,698
*	TIAA ACCESS MONEY MARKET T3	1,848
*	TIAA ACCESS REAL ESTATE SECURITIES T3	167,525
*	TIAA ACCESS REAL ESTATE SECURITIES T4	58,870
*	TIAA ACCESS SMALL CAP BL INDEX T3	389,643
*	TIAA ACCESS SMALL CAP BL INDEX T4	45,151
*	TIAA ACCESS QUANTITATIVE SMALL CAP EQUITY T3	187,893
*	TIAA ACCESS QUANTITATIVE SMALL CAP EQUITY T4	47,240
*	TIAA ACCESS SOCIAL CHOICE EQUITY T3	423,656
*	TIAA ACCESS SOCIAL CHOICE EQUITY T4	10,299
*	TIAA ACCESS TRP LARGE CAP GROWTH I T3	36,825
*	TIAA ACCESS - WAM CORE PL BOND T3	63,087
*	CREF CORE BOND R2	584,182

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2022

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
	AMERICAN FUNDS EUROPAC GROWTH R6	9,363,302
	AMERICAN FUNDS NEW PERSPECTIVE R6	3,915,814
	PIMCO TOTAL RETURN INSTITUTIONAL CLASS	315,155
	VANGUARD TREASURY MONEY MARKET INV	2,394
	VANGUARD FEDERAL MONEY MARKET INV	110,248
	VANGUARD INFLATION PROTECTED SECURITIES ADM	593,983
	VANGUARD INSTITUTIONAL INDEX INST	21,912,738
	VANGUARD SMALL-CAP INDEX ADM	2,408,876
	VANGUARD MID-CAP INDEX ADM	446,808
*	TIAA-CREF CORE IMPACT BOND INSTITUTIONAL	42,741
	EATONVANCEEMERGING MARKETS	698,955
	PIMCO INTERNATIONAL BOND US DOLLAR HEDGED INST	2,293,171
	PIMCO HIGH YIELD INSTITUTIONAL	3,278,736
	PIMCO INCOME FUND INSTITUTIONAL	1,200,521
	BAIRD AGGREGATE BOND INST	151,034
	DELAWARE SMALL CAP VALUE R6	11,997
	CLEARBRIDGE SMALL CAP GROWTH IS	122,190
	PRINCIPAL REAL ESTATE SECURITIES R6	76,132
	PARNASSUS CORE EQUITY INSTITUTIONAL	118,521
	VANGUARD INTERMEDIATE TERM BOND INDEX ADM	188,143
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX ADM	66,670
*	TIAA ACCESS LIFECYCLE 2055 T3	9,708
*	TIAA ACCESS LIFECYCLE 2060 T3	12
*	CREF CORE BOND R2	270,085
*	CREF EQUITY INDEX R2	224,543
*	CREF GLOBAL EQUITIES R2	850,619
*	CREF GROWTH R2	510,554
*	CREF INFLATION-LINKED BOND R2	163,473
*	CREF CORE BOND R2	326,794
*	CREF MONEY MARKET R2	152,750
*	CREF EQUITY INDEX R2	234,865
*	CREF GLOBAL EQUITIES R2	634,479
*	CREF SOCIAL CHOICE R2	527,688
*	CREF STOCK R2	2,501,956
*	CREF GROWTH R2	736,606

ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES
OF OHIO MULTIPLE EMPLOYER PLAN

EIN: 31-0880079 PLAN: #333

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

December 31, 2022

(a)	Identity of Issue, Borrower, (b) Lessor or Similar Party	Current (e) Value
*	CREF INFLATION-LINKED BOND R2	157,591
*	CREF MONEY MARKET R2	230,092
*	CREF SOCIAL CHOICE R2	440,511
*	CREF STOCK R2	2,743,173
*	CREF CORE BOND R2	632,356
*	CREF EQUITY INDEX R2	731,651
*	CREF GLOBAL EQUITIES R2	1,001,556
*	CREF GROWTH R2	878,990
*	CREF INFLATION-LINKED BOND R2	261,880
*	CREF MONEY MARKET R2	300,396
*	CREF SOCIAL CHOICE R2	768,035
*	CREF STOCK R2	5,032,423
	Total Mutual Funds	94,674,059

Pooled Separate Account

*	TIAA REAL ESTATE	3,655,994
	Total Pooled Separate Accounts	3,655,994

*	Participant Notes Receivable (Interest 4.25% to 8.00%)	197,519
		\$ 155,532,711

* Denotes a party-in-interest

** Historical cost is not required as all investments are participant directed