

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>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) <u>UNIVERSITY OF MIAMI</u></p> <p><u>C/O BENEFITS ADMINISTRATION</u> <u>6200 SAN AMARO DRIVE</u> <u>SUITE 200.01</u> <u>CORAL GABLES, FL 33146</u></p>	<p>1c Effective date of plan <u>06/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>59-0624458</u></p> <p>2c Plan Sponsor's telephone number <u>305-284-3004</u></p> <p>2d Business code (see instructions) <u>611000</u></p>

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.	08/14/2025	CRISTINA ELGARRESTA
	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 <input type="checkbox"/> Same as Plan Sponsor UNIVERSITY OF MIAMI C/O BENEFITS ADMINISTRATION P.O. BOX 248106 CORAL GABLES, FL 33124-2902	3b Administrator's EIN 59-0624458 3c Administrator's telephone number 305-284-3004
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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
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5 Total number of participants at the beginning of the plan year	5	2486
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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	6a(1)	928
a(2) Total number of active participants at the end of the plan year	6a(2)	876
b Retired or separated participants receiving benefits.....	6b	481
c Other retired or separated participants entitled to future benefits	6c	998
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2355
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	24
f Total. Add lines 6d and 6e	6f	2379
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	2486
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	2379
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2G 2L 2M 2R

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>5</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI</p>	<p>B Three-digit plan number (PN) ▶ 003</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI</p>	<p>D Employer Identification Number (EIN) 59-0624458</p>	

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
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(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
35-0472300	65676	195206+030	111	01/01/2024	12/31/2024

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 55755	(b) Total amount of fees paid 0
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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
OSAIC FA INC **18700 N HAYDEN RD**
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55755			4

(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	43233324
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

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.
 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 ▶

6b	
6c	
6d	

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 ▶ GROUP VARIABLE ANNUITY W/ GIF

b Balance at the end of the previous year	7b	47798266
c Additions: (1) Contributions deposited during the year	7c(1)	1179456
	7c(2)	
	7c(3)	1918124
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	3097580
d Total of balance and additions (add lines 7b and 7c(6))	7d	50895846
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7482522
	7e(2)	
	7e(3)	180000
	7e(4)	
(5) Total deductions	7e(5)	7662522
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	43233324

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI</p>	<p>B Three-digit plan number (PN) ▶ 003</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI</p>	<p>D Employer Identification Number (EIN) 59-0624458</p>	

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
BRIGHTHOUSE LIFE INSURANCE COMPANY

(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
06-0566090	87726	070598	8	01/01/2024	12/31/2024

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
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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
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	(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	1826157
5	Current value of plan's interest under this contract in separate accounts at year end.....	683890
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 1750950
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 62054
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ ADJUSTMENT	7c(5) 17604
	(6) Total additions	7c(6) 79658
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1830608
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 4451
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 4451	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1826157

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI		D Employer Identification Number (EIN) 59-0624458

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	102145	1442	01/01/2024	12/31/2024

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
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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	208052498
5	Current value of plan's interest under this contract in separate accounts at year end.....	316728903
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 208584090
c	(1) Contributions deposited during the year	7c(1) 1759864
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 9446343
	(4) Transferred from separate account	7c(4) 14662858
	(5) Other (specify below).....	7c(5) 515675
	▶ OTHER ADDITIONS	
	(6) Total additions	7c(6) 26384740
d	Total of balance and additions (add lines 7b and 7c(6))	7d 234968830
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 11606849
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 15014740
	(4) Other (specify below).....	7e(4) 294743
▶ OTHER DEDUCTIONS		
	(5) Total deductions	7e(5) 26916332
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 208052498

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. Specify nature of costs.	10b	

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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI</p>	<p>B Three-digit plan number (PN) ▶ 003</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI</p>	<p>D Employer Identification Number (EIN) 59-0624458</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	2177	177	01/01/2024	12/31/2024

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 753	(b) Total amount of fees paid 0
----------------------------------------------------	-------------------------------------------

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
WILLIAM DONOVAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
201			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
171			3

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

NICHOLAS R BROWN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84			3

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

CHRISTIAN D MARTINEZ 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
74			3

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

KEVIN C COLE 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			3

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

JASON R OESTREICHER 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45			3

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

JAMES E KAUFMANN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26			3

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

JUSTIN R OLEWNIK 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

SHIRLEY C HAYNES 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

BRIAN L LEDBETTER 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

CESAR J CARAM 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

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

UNASSIGNED 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10			3

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	11240756
5	Current value of plan's interest under this contract in separate accounts at year end.....	23018839
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 11644913
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 454822
	(4) Transferred from separate account	7c(4) 100790
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 555612
d	Total of balance and additions (add lines 7b and 7c(6))	7d 12200525
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 913588
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 41592
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 4589
(5) Total deductions	7e(5) 959769	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 11240756

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI</p>	<p>B Three-digit plan number (PN) ▶ 003</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI</p>	<p>D Employer Identification Number (EIN) 59-0624458</p>	

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
METROPOLITAN LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	456336-01	3	01/01/2024	12/31/2024

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
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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	377479
5	Current value of plan's interest under this contract in separate accounts at year end.....	
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 381404
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 13142
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 13142
d	Total of balance and additions (add lines 7b and 7c(6))	7d 394546
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 17013
	(2) Administration charge made by carrier.....	7e(2) 54
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 17067	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 377479

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458	

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

FIDELITY INVESTMENTS

04-2647786

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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

VALIC

74-1625348

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

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

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

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

FIDELITY INVESTMENTS INST OPS CO

04-2647786

(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 50 65 15 60 71 19 64	RECORDKEEPER	244161	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

TIAA

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?
13 50 15 51 19	RECORDKEEPER	138903	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAP FINANCIAL PARTNERS LLC

PO BOX 600071
RALEIGH, NC 27675-6071

26-0058143

(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 50	NONE	135043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(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 50	NONE	52757	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VALIC

74-1625348

(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?
13 50 15 51 19	RECORDKEEPER	37100	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BRIGHTHOUSE LIFE INSURANCE COMPANY

06-0566090

(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?
13 50 15 52 28	RECORDKEEPER	76	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST OPS CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VARIOUS FUND COMPANIES 04-2647786	FIDELITY RECEIVES INDIRECT COMPENSATION FROM FUND COMPANIES. THE FORMULA VARIES WITH A RANGE OF 0.02% - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS. ON AVERAGE, THE RATE EARNED IS 0.26%	
(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:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY OF MIAMI</u>	D Employer Identification Number (EIN) <u>59-0624458</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>		
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)	
<u>13-1624203-004</u>	<u>P</u>		<u>17621393</u>
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY OF MIAMI	D Employer Identification Number (EIN) 59-0624458

Part I	Asset and Liability Statement
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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.

		(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)	319829	322521
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	20369809	17621393
(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)	855046036	954744095
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	270159623	264730214
(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	1145895297	1237418223
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	1145895297	1237418223

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)	17479998	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	2945615	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		20425613
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	11832431	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11832431
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	12547698	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12547698
(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)		-814770
(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)		112902156
c Other income	2c		515676
d Total income. Add all income amounts in column (b) and enter total	2d		157408804

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60432801	
(2) To insurance carriers for the provision of benefits	2e(2)	4983901	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		65416702
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)	142873	
(3) Recordkeeping fees	2i(3)	8168	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	318135	
(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)		469176
j Total expenses. Add all expense amounts in column (b) and enter total	2j		65885878

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		91522926
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KPMG LLP**

(2) EIN: **13-5565207**

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.)		X	
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.)		X	
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY OF MIAMI</u>	D Employer Identification Number (EIN) <u>59-0624458</u>	

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): 35-0472300 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

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Note: Supplemental schedules, other than the one listed above, are omitted because of the absence of conditions under which they are required by Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.



KPMG LLP
Suite 800
500 W 5th St
Winston-Salem, NC 27101

Independent Auditors' Report

To the Benefits Administration Office and the Audit and Compliance Committee of the Board of Trustees of the University of Miami
Defined Contribution Retirement Plan for Faculty of the University of Miami:

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

We were engaged to perform audits of the financial statements of Defined Contribution Retirement Plan for Faculty of the University of Miami (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

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

Further, as described in Note 3 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial



accounts and the related income and distributions are not determinable. U.S. generally accepted accounting principles require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

KPMG LLP

Winston-Salem, North Carolina
August 6, 2025

**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value	\$ 1,181,076,432	1,085,029,977
Investments, at contract value	56,019,270	60,545,492
	1,237,095,702	1,145,575,469
Contributions receivable	322,521	319,829
Net assets available for benefits	\$ 1,237,418,223	1,145,895,298

See accompanying notes to financial statements.

**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Investment results:	
Net appreciation in fair value of investments	\$ 112,100,527
Interest and dividend income	<u>24,366,988</u>
Total investment results	136,467,515
Other income	515,676
Contributions:	
Employer	17,479,998
Rollovers	<u>2,945,615</u>
Total contributions	<u>20,425,613</u>
Deductions from net assets attributable to:	
Retirement and death benefits	65,100,371
Administrative expenses	469,177
Rollovers out of the plan	<u>316,331</u>
Total deductions	<u>65,885,879</u>
Net increase in net assets available for benefits	91,522,925
Net assets available for benefits:	
Beginning of year	<u>1,145,895,298</u>
End of year	<u><u>\$ 1,237,418,223</u></u>

See accompanying notes to financial statements.

**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Plan Description

The following description of the Defined Contribution Retirement Plan for Faculty of the University of Miami (the Plan) is provided for general information purposes only. More detailed information may be found in the Summary Plan Description, which is distributed to all participants, or in the Plan document which is available to all participants upon request.

(a) General

The Plan is a defined contribution plan covering eligible faculty of the University of Miami (the University) who were hired between September 30, 1977 and May 31, 2007, and certain faculty hired on or before September 30, 1977, who ceased participation in the Retirement Plan for Employees of the University of Miami. The Plan was established on June 1, 1980, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. On April 19, 2006, the Board of Trustees of the University (the Board) voted to close the Plan to new employees hired on or after June 1, 2007.

(b) Administration of the Plan

The Vice President and Chief Financial Officer of the University, together with HR-Total Rewards, administer the Plan. The Retirement Plans Committee is responsible for monitoring the investment of Plan assets. Fidelity Management Trust Company (Fidelity), The Lincoln National Life Insurance Company (Lincoln), Empower Institutional (Great West), Brighthouse Financial – Met Life Insurance Company USA (MetLife), The Teachers Insurance and Annuity Association of America-College Retirement Equity Fund (TIAA-CREF) and The Variable Annuity Life Insurance Company (VALIC) serve as custodians of the Plan.

(c) University Contributions

For each pay period the University makes a contribution to the Plan equal to 7% or 11% of the participant's compensation for that pay period depending upon years of service and tenure status. University contributions are subject to limitations. Participants are not required nor permitted to make contributions under the Plan; however, participants may contribute amounts representing distributions from other qualified plans.

(d) Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the University's contribution and allocations of investment fund earnings, and charged with withdrawals and allocations of investment fund losses and administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

(e) Vesting

Participants shall at all times be 100% vested in their accounts.

**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

Notes to Financial Statements

December 31, 2024 and 2023

(f) Investment Options

A participant may direct contributions to a variety of investment options offered by the custodians including mutual funds, pooled separate accounts, registered investment companies, variable annuities and guaranteed investment contracts. A participant may direct contributions in a variety of mutual fund options offered by Fidelity or a variety of registered investment companies offered by College Retirement Equity Fund (CREF) and an annuity offered by TIAA-CREF. In addition to the mutual fund options, participants can elect to invest in Fidelity's BrokerageLink consisting of investments purchased through a self-directed brokerage window administered by Fidelity. Through the Fidelity BrokerageLink, participants have access to additional mutual funds including Fidelity and non-Fidelity funds not available to other participants who have not selected the BrokerageLink option. Participants may change their investment options at any time. New contributions are no longer allowed to be directed to investments offered by Great West, MetLife, VALIC or Lincoln; however, participants with existing balances with these custodians are allowed to transfer among MetLife, Great West, VALIC or Lincoln investment options.

(g) Payment of Benefits

Participants may elect to receive the benefit payable from their contribution accounts in either the form of a monthly lifetime annuity as offered by the custodians if the participant meets the retirement requirements of the Plan or a lump-sum distribution. Participants are able to take distributions at any time during the year upon termination of employment or termination due to death, disability, or retirement.

(2) Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent net assets available for benefits. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value (Note 5). 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 Retirement Plans Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurements.

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 measurement attribute for fully

**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

Notes to Financial Statements

December 31, 2024 and 2023

benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Transfer of Assets to/from the Plan

Participants or beneficiaries who are current or former employees of the University are permitted to transfer their account assets to or from another 403(b) plan sponsored by the University as long as the benefit immediately before the transfer is at least equal to the benefit immediately after the transfer.

(f) Administrative Expenses

Investment management service fees are paid directly from the Plan's assets. Other administrative expenses are paid directly by the University and include audit and legal fees.

(3) Investment Information Certified or Provided by Custodians

The Plan was historically viewed as an amalgamation of individual annuity and custodial accounts and the Plan Administrator and its custodians did not maintain financial information at a Plan level. Because historical records were not maintained or are not available at a Plan level, the Plan may have excluded from the accompanying statements of net assets available for benefits certain annuity and custodial accounts, and related activity, issued to current and former employees prior to January 1, 2009. The Plan Administrator has, in good faith, included all known contracts, because of the possibility of certain incomplete records, there is uncertainty that all contracts have been included. However, the Plan Administrator believes that excluded annuities or custodial accounts, if any, would meet the conditions of the Department of Labor's Field Assistance Bulletin No. 2009-02.

The following is a summary of the Plan's investment information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information certified or provided by the custodians of the Plan as defined in Note 1, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that the information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by ERISA section 103(a)(3)(C) pursuant to 29 Code of Federal Regulations (CFR) 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, except for comparing such certified information to information included in the Plan's financial statements and supplemental schedule.

**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

Notes to Financial Statements
December 31, 2024 and 2023

The following table presents the fair value of the assets in the Plan that were certified by the custodians as of December 31, 2024 and 2023:

	2024	2023
Investments, at fair value:		
Mutual funds	\$ 426,698,518	381,206,702
Self-directed investments	212,072,070	193,254,473
Pooled separate account	17,621,393	20,369,809
Registered investment companies	315,289,616	279,987,028
Variable annuities	683,890	597,835
Non-fully benefit-responsive guaranteed investment contracts	208,710,945	209,614,130
Investments, at fair value	\$ 1,181,076,432	1,085,029,977
Investments, at contract value:		
Fully benefit-responsive contracts	\$ 56,019,270	60,545,492

Contract value approximated fair value as of December 31, 2024 and 2023 for the MetLife, Great West, TIAA-CREF non-fully benefit-responsive guaranteed investment contracts.

The custodians have also certified to the completeness and accuracy of investment results and other income for the year ended December 31, 2024:

	2024
Statement of changes in net assets available for benefits	
Investment results:	
Net appreciation in fair value of investments	\$ 112,100,527
Interest and dividend income	24,366,988
Total investments results	\$ 136,467,515
Other income	\$ 515,676

(4) Fair Value Measurements

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

**DEFINED CONTRIBUTION RETIREMENT
PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

Notes to Financial Statements

December 31, 2024 and 2023

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Plan for investments measured at fair value:

- Level 1 – Inputs to the valuation methodologies include unadjusted quoted or published 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 similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - 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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds and self-directed investments: Value is readily determinable based on quoted prices for the number of shares held by the Plan at year-end.

Pooled separate account: Value is readily determinable based on amounts reported by the insurance company for the number of shares held by the Plan at year-end. The shares are not publicly traded on a national exchange and have certain restrictions impacting participants' ability to transact.

Registered investment companies: Valued at the net asset value (NAV) of accumulation units held by the Plan at year end as reported by the insurance company. The funds have an established NAV, however they are not publicly traded on a national exchange and have certain restrictions impacting participants' ability to transact.

Variable annuities: Valued at the NAV of accumulation units held by the Plan at year end. NAV, calculated daily, is applied to daily purchase and sale transactions in addition to being used to value ending market values. Accumulation units are valued using market quotations or independent pricing services to value securities and other instruments.

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Guaranteed investment contracts: Non fully-benefit responsive guaranteed investment contracts are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

There have been no changes in the methodologies used as of December 31, 2024 and 2023.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value as of December 31, 2024 and 2023:

	Investments at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 426,698,518	—	—	426,698,518
Self-directed investments	212,072,070	—	—	212,072,070
Non-fully benefit-responsive				
guaranteed investment contracts	—	2,203,637	206,507,308	208,710,945
Variable annuities	—	683,890	—	683,890
Pooled separate account ⁽¹⁾	—	17,621,393	—	17,621,393
Registered investment companies ⁽²⁾	16,182,105	299,107,511	—	315,289,616
Total investments, at fair value	<u>\$ 654,952,693</u>	<u>319,616,431</u>	<u>206,507,308</u>	<u>1,181,076,432</u>

	Investments at fair value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 381,206,702	—	—	381,206,702
Self-directed investments	193,254,473	—	—	193,254,473
Non-fully benefit-responsive				
guaranteed investment contracts	—	2,132,354	207,481,776	209,614,130
Variable annuities	—	597,835	—	597,835
Pooled separate account ⁽¹⁾	—	20,369,809	—	20,369,809
Registered investment companies ⁽²⁾	13,499,975	266,487,053	—	279,987,028
Total investments, at fair value	<u>\$ 587,961,150</u>	<u>289,587,051</u>	<u>207,481,776</u>	<u>1,085,029,977</u>

(1) This category includes investments in a pooled separate account investing in real estate and real estate related investments. Although the underlying assets of the pooled separate account cannot be quickly sold and converted to liquid assets, the TIAA general account provides a liquidity guarantee to meet participant redemption, transfer or cash withdrawal request varying from one to three days. Redemptions out of this investment are limited to once per quarter. Internal transfers to the TIAA Real Estate Account will be prohibited if the transfer causes the value of participant's total accumulation in the account to exceed \$150,000. The purpose of this limitation is to ensure more predictable account inflows and outflows, which is expected to facilitate efficient portfolio management over the long term.

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- (2) Participants will be locked out of an account for 90 days if purchase, sale and repurchase within that variable annuity is made within a 60-day period. Trade settlement terms are 1-3 days.

Quantitative Information about Significant Unobservable Inputs Used in the Level 3 Fair Value Measurement

The purchases and issues of Level 3 assets were \$19,530,248 and \$26,781,725, respectively, for the year ended December 31, 2024. The change in net unrealized gains related to Level 3 assets still held at December 31, 2024 was \$1,748,439, and is recorded in net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

The following table represents the Plan's Level 3 financial instrument, the valuation technique used to measure the fair value of the financial instruments, and the significant unobservable inputs and values:

<u>Type</u>	<u>Valuation techniques</u>	<u>Unobservable inputs</u>	<u>Significant unobservable input values</u>
TIAA Traditional Annuity	Contract value	Risk-adjusted discount rate applied	RCP 3.15% to 6.00% RA 3.65% to 6.50% RC 3.90% to 6.75%

(5) Investment Contracts with Custodians

The Plan has investment contracts with five of its custodians, including TIAA-CREF, Lincoln, MetLife, Great West and VALIC. Under these contracts are sub-contracts, some of which are fully benefit-responsive while others are not. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

For investment contracts that are fully benefit-responsive, which include TIAA-CREF, VALIC and Lincoln, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon by the issuers, and is generally not less than 3%. Investment contracts with MetLife, a portion of the TIAA-CREF traditional account and Great West have been determined to be non-fully benefit-responsive and are recorded at fair value.

Certain events may limit the ability of the Plan to transact at contract value with the issuers. 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 a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required

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prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. The contracts do not permit the insurance companies to terminate the agreement prior to the scheduled maturity date.

Lincoln, VALIC and TIAA-CREF have indicated that contract value approximates fair value for its funds as of December 31, 2024 and 2023. These determinations are based on TIAA-CREF's, VALIC's, and Lincoln's credit rating and yield during 2024 and 2023 being comparable to similar alternative investments. In subsequent periods, if market conditions change, such as the insurance company credit rating or interest rate environment, the difference between contract value and fair value could be significant causing financial statements to become materially misstated.

(6) Plan Termination

Although it has not expressed any intent to do so, the University has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of such termination, the participant benefits will not be forfeitable.

(7) Parties-in-Interest

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments are shares of mutual funds, pooled separate accounts, registered investment companies, variable annuities and guaranteed investment contracts managed by the custodians, as defined in Note 1. The custodians are considered parties-in-interest. Fees paid by the Plan to the custodians for the investment management services amounted to \$469,177 and \$547,210, for the year ended December 31, 2024 and 2023, respectively.

Certain employees of the University provide administrative services for the Plan and are not reimbursed for their services from the Plan.

Certain other administrative expenses are paid by the University on behalf of the Plan. These amounts are not material to the financial statements.

(8) Tax Status

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the Internal Revenue Code (Code) to maintain the exclusion from tax for Plan participants. The Plan Administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements. The Plan Administrator intends to apply for a determination letter on the Plan when the government opens such a program.

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GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and have concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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.

(9) Risks and Uncertainties

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

(10) Subsequent Events

The Plan Administrator has evaluated subsequent events through August 6, 2025, the date the financial statements were available to be issued.

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PLAN FOR FACULTY OF THE UNIVERSITY
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
		Self directed equity investment:	
* Fidelity		BrokerageLink	\$ 212,072,070
		Mutual funds:	
* Fidelity		Vanguard Total International Stock Index Fund	6,007,085
* Fidelity		Vanguard Value Index Fund Institutional	10,303,550
* Fidelity		Vanguard Russel 1000 Growth Index Fund	35,297,969
* Fidelity		Vanguard Small-Cap Index Institutional	5,023,888
* Fidelity		Vanguard Inst Index Plus	53,152,000
* Fidelity		Vanguard Mid-Cap Index Institutional	14,575,628
* Fidelity		Vanguard Total Bond Market Institutional	12,589,657
* Fidelity		Vanguard Vmmr-Fed Mkt	26,845,210
* Fidelity		Dodge & Cox International Stock Fund	6,090,415
* Fidelity		Vanguard Small-Cap Growth Index Fund	4,638,068
* Fidelity		Dodge & Cox Income Fund	7,168,254
* Fidelity		American Funds EuroPacific Growth R6	1,758,378
* Fidelity		Lord Abbett Short Duration Income R6	8,712,808
* Fidelity		Fidelity Freedom Income	8,947,239
* Fidelity		Fidelity Freedom 2010	7,810,264
* Fidelity		Fidelity Freedom 2015	22,367,734
* Fidelity		Fidelity Freedom 2020	31,741,877
* Fidelity		Fidelity Freedom 2025	45,677,720
* Fidelity		Fidelity Freedom 2030	40,973,587
* Fidelity		Fidelity Freedom 2035	32,983,072
* Fidelity		Fidelity Freedom 2040	17,973,687
* Fidelity		Fidelity Freedom 2045	1,959,202
* Fidelity		Fidelity Freedom 2050	686,880
* Fidelity		Fidelity Freedom 2055	19,756
* Fidelity		Fidelity Freedom 2060	21,815
* Fidelity		Fidelity Freedom 2065	353,938
		Guaranteed investment contract – fully benefit-responsive:	
* Lincoln		Lincoln National Life Fixed Account	43,233,324
		Registered investment companies:	
* Lincoln		Lincoln National Life Alliance Bernstein VPS Growth	8,423
* Lincoln		Lincoln National Life American Funds Global Growth	247,986
* Lincoln		Lincoln National Life American Funds Growth Fund	608,048
* Lincoln		Lincoln National Life American Funds Growth Income	641,060
* Lincoln		Lincoln National Life American Funds International	65,007
* Lincoln		Lincoln National Life Fidelity Asset Manager	218,222
* Lincoln		Lincoln National Life Fidelity Contrafund Portfolio	529,243
* Lincoln		Lincoln National Life Fidelity Growth Portfolio	3,948,702
* Lincoln		Lincoln National Life FidelityFreedom 2035 Fund	69,830
* Lincoln		Lincoln National Life Janus Aspen Worldwide	770,692
* Lincoln		Lincoln National Life LVIP American Century Balanced Fund	671,066
* Lincoln		Lincoln National Life LVIP Baron Growth Opportunities	490,534
* Lincoln		Lincoln National Life Blackrock Global Allocation	50,757
* Lincoln		Lincoln National Life LVIP BlackRock Real Estate Fund	15,497
* Lincoln		Lincoln National Life LVIP Blended Large Cap Growth Mangemed Vol	24,481
* Lincoln		Lincoln National Life LVIP Blended Mid Cap Managed Volatility Fund	20,033
* Lincoln		Lincoln National Life LVIP Dimentional US Core Equity	86,413
* Lincoln		Lincoln National Life Franklin Templeton Multi-Factor Emerging Mkt	7,926
* Lincoln		Lincoln National Life Lincoln VIP Global Growth Profile	502,501
* Lincoln		Lincoln National Life LVIP JP Morgan Mid Cap Value Managed Volatility	90,908
* Lincoln		Lincoln National Life LVIP Macquarie Diversified Income Fund	37,459

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PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

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December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
			\$
*	Lincoln	Lincoln National Life LVIP Macquarie Bond Fund	49,721
*	Lincoln	Lincoln National Life LVIP Macquarie High Yield Standard Class	133,707
*	Lincoln	Lincoln National Life LVIP Macquarie Small-Mid Cap Core Fund	97,427
*	Lincoln	Lincoln National Life LVIP Macquarie Social Awareness Fund	71,308
*	Lincoln	Lincoln National Life LVIP Macquarie US REIT Fund	148,477
*	Lincoln	Lincoln National Life LVIP Mondrian Int'l Value	19,620
*	Lincoln	Lincoln National Life LVIP SSGA Bond Index	20,001
*	Lincoln	Lincoln National Life LVIP SSGA Global Tactical Allocation RPM	19,771
*	Lincoln	Lincoln National Life LVIP SSGA S&P 500 Index	3,646,272
*	Lincoln	Lincoln National Life LVIP SSGA Small-Cap Index	858,777
*	Lincoln	Lincoln National Life LVIP T. Rowe Price 2030	878,840
*	Lincoln	Lincoln National Life LVIP T. Rower Price Structured	656,278
*	Lincoln	Lincoln National Life LVIP Macquarie Small Cap Value Series	202,746
*	Lincoln	Lincoln Neuberger Berman AMT Sustainable Equity Fund	62,661
*	Lincoln	Lincoln National Life T. Rowe Price International Stock	211,711
		Guaranteed investment contract – non-fully benefit-responsive:	
*	Met Life	MetLife T-Flex	1,801,185
*	Met Life	MetLife CT10CI T-Flex	24,973
		Variable annuities:	
*	Met Life	MetLife Brighthouse Wellington Balanced (FA0071)	507,096
*	Met Life	MetLife Brighthouse Wellington Balanced (FA1071)	22,429
*	Met Life	MetLife Stock Index Portfolio (I20015)	154,017
*	Met Life	MetLife Stock Index Portfolio (I20071)	163
*	Met Life	Jennison Growth Portfolio	185
		Registered investment companies:	
*	TIAA-CREF	CREF Core Bond	7,330,572
*	TIAA-CREF	CREF Global Equities	28,717,738
*	TIAA-CREF	CREF Inflation Linked Bond	4,190,938
*	TIAA-CREF	CREF Social Choice	12,554,800
*	TIAA-CREF	CREF Equity Index	21,800,028
*	TIAA-CREF	CREF Growth	38,990,409
*	TIAA-CREF	CREF Money Market	23,369,691
*	TIAA-CREF	CREF Stock	162,153,335
		Guaranteed investment contract – non-fully benefit-responsive:	
*	TIAA-CREF	TIAA Traditional	206,507,308
		Guaranteed investment contract – fully benefit-responsive:	
*	TIAA-CREF	TIAA Traditional Benefit Responsive BR1	23,541
*	TIAA-CREF	TIAA Traditional Benefit Responsive 2BR2	1,521,649
		Pooled separate account:	
*	TIAA-CREF	TIAA Real Estate	17,621,393
		Guaranteed investment contract – non-fully benefit-responsive:	
*	Great West	Stable Value Fund	377,479
		Mutual funds:	
		Ariel Appreciation Fund	78,417
*	VALIC	Ariel Fund	148,438
*	VALIC	Asset Allocation Fund	119,529
*	VALIC	VALIC Core Bond Fund	1,992,895
*	VALIC	VALIC Dividend Value	29,454
*	VALIC	VALIC Emerging Economics	314,234
*	VALIC	VALIC Global Real Estate Fund	203,450
*	VALIC	VALIC Government Securities Fund	390,899
*	VALIC	VALIC Growth Fund	118,809
*	VALIC	GS VIT Government Money Market Fund	110,697
*	VALIC	VALIC High Yield Bond Fund	215,680

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PLAN FOR FACULTY OF THE UNIVERSITY
OF MIAMI**

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

December 31, 2024

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, maturity value	Current value
* VALIC		VALIC Inflation Protected Fund	\$ 620,951
* VALIC		VALIC International Growth Fund	6,785
* VALIC		VALIC International Value Fund	265,952
* VALIC		VALIC International Equities Index Fund	1,134,370
* VALIC		VALIC International Opportunities	106,614
* VALIC		VALIC International Socially Responsible Fund	203,495
* VALIC		VALIC Large Capital Growth	296,013
* VALIC		VALIC Mid-Cap Index Fund	2,523,901
* VALIC		VALIC Mid-Cap Strategic Growth	274,204
* VALIC		VALIC Mid-Cap Value Fund	439,837
* VALIC		VALIC Moderate Growth Lifestyle	54,932
* VALIC		VALIC NASDAQ-100(R.) Index Fund	87,788
* VALIC		VALIC Science & Technology Fund	1,786,451
* VALIC		VALIC Small-Cap Growth Fund	692,592
* VALIC		VALIC Small-Cap Index Fund	1,519,670
* VALIC		VALIC Small-Cap Special Value Fund	71,562
* VALIC		VALIC Small-Cap Value Fund	36,667
* VALIC		VALIC Stock Index Fund	6,358,946
* VALIC		VALIC Systematic Core Fund	846,094
* VALIC		VALIC Systematic Growth Fund	118,108
* VALIC		VALIC Systematic Value Fund	14,731
* VALIC		VALIC Socially Responsible Fund	161,782
* VALIC		Vanguard Lifestrategy Growth	34,077
* VALIC		Vanguard Long-Term Bond Index Fund	32,567
* VALIC		Vanguard Long-Term Investment-Grade Fund	19,734
* VALIC		Vanguard Wellington Fund, Inc.	241,439
* VALIC		Vanguard Windsor II	1,091,640
* VALIC		VALIC VC I Capital Appreciation	255,433
		Guaranteed investment contract – fully benefit-responsive:	
* VALIC		VALIC Fixed Account Plus	10,728,808
* VALIC		VALIC Short Term Fixed Account	511,948
			<u>1,237,095,702</u>
		Contributions receivable	322,521
		Total assets	<u>\$ 1,237,418,223</u>

* Denotes a party in interest.

Note: Cost is omitted because it is not required for participant directed accounts.

The information in this schedule has been certified as to its completeness and accuracy by the custodians of the Plan.

See accompanying independent auditors' report.

PLAN NAME: DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI
PLAN SPONSOR: UNIVERSITY OF MIAMI
PLAN SPONSOR EIN: 59-0624458
PLAN NUMBER: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
		Self directed equity investment:	
* Fidelity		BrokerageLink	\$ 212,072,070
		Mutual funds:	
* Fidelity		Vanguard Total International Stock Index Fund	6,007,085
* Fidelity		Vanguard Value Index Fund Institutional	10,303,550
* Fidelity		Vanguard Russel 1000 Growth Index Fund	35,297,969
* Fidelity		Vanguard Small-Cap Index Institutional	5,023,888
* Fidelity		Vanguard Inst Index Plus	53,152,000
* Fidelity		Vanguard Mid-Cap Index Institutional	14,575,628
* Fidelity		Vanguard Total Bond Market Institutional	12,589,657
* Fidelity		Vanguard Vmmr-Fed Mkt	26,845,210
* Fidelity		Dodge & Cox International Stock Fund	6,090,415
* Fidelity		Vanguard Small-Cap Growth Index Fund	4,638,068
* Fidelity		Dodge & Cox Income Fund	7,168,254
* Fidelity		American Funds EuroPacific Growth R6	1,758,378
* Fidelity		Lord Abbett Short Duration Income R6	8,712,808
* Fidelity		Fidelity Freedom Income	8,947,239
* Fidelity		Fidelity Freedom 2010	7,810,264
* Fidelity		Fidelity Freedom 2015	22,367,734
* Fidelity		Fidelity Freedom 2020	31,741,877
* Fidelity		Fidelity Freedom 2025	45,677,720
* Fidelity		Fidelity Freedom 2030	40,973,587
* Fidelity		Fidelity Freedom 2035	32,983,072
* Fidelity		Fidelity Freedom 2040	17,973,687
* Fidelity		Fidelity Freedom 2045	1,959,202
* Fidelity		Fidelity Freedom 2050	686,880
* Fidelity		Fidelity Freedom 2055	19,756
* Fidelity		Fidelity Freedom 2060	21,815
* Fidelity		Fidelity Freedom 2065	353,938
		Guaranteed investment contract – fully benefit-responsive:	
* Lincoln		Lincoln National Life Fixed Account	43,233,324
		Registered investment companies:	
* Lincoln		Lincoln National Life Alliance Bernstein VPS Growth	8,423
* Lincoln		Lincoln National Life American Funds Global Growth	247,986
* Lincoln		Lincoln National Life American Funds Growth Fund	608,048
* Lincoln		Lincoln National Life American Funds Growth Income	641,060
* Lincoln		Lincoln National Life American Funds International	65,007
* Lincoln		Lincoln National Life Fidelity Asset Manager	218,222
* Lincoln		Lincoln National Life Fidelity Contrafund Portfolio	529,243
* Lincoln		Lincoln National Life Fidelity Growth Portfolio	3,948,702
* Lincoln		Lincoln National Life FidelityFreedom 2035 Fund	69,830
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* Lincoln		Lincoln National Life LVIP Baron Growth Opportunities	490,534
* Lincoln		Lincoln National Life Blackrock Global Allocation	50,757
* Lincoln		Lincoln National Life LVIP BlackRock Real Estate Fund	15,497
* Lincoln		Lincoln National Life LVIP Blended Large Cap Growth Mangemed Vol	24,481
* Lincoln		Lincoln National Life LVIP Blended Mid Cap Managed Volatility Fund	20,033
* Lincoln		Lincoln National Life LVIP Dimensional US Core Equity	86,413
* Lincoln		Lincoln National Life Franklin Templeton Multi-Factor Emerging Mkt	7,926
* Lincoln		Lincoln National Life Lincoln VIP Global Growth Profile	502,501
* Lincoln		Lincoln National Life LVIP JP Morgan Mid Cap Value Managed Volatility	90,908
* Lincoln		Lincoln National Life LVIP Macquarie Diversified Income Fund	37,459

PLAN NAME: DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI
 PLAN SPONSOR: UNIVERSITY OF MIAMI
 PLAN SPONSOR EIN: 59-0624458
 PLAN NUMBER: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2024

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, maturity value	(e) Current value
* Lincoln		Lincoln National Life LVIP Macquarie Bond Fund	\$ 49,721
* Lincoln		Lincoln National Life LVIP Macquarie High Yield Standard Class	133,707
* Lincoln		Lincoln National Life LVIP Macquarie Small-Mid Cap Core Fund	97,427
* Lincoln		Lincoln National Life LVIP Macquarie Social Awareness Fund	71,308
* Lincoln		Lincoln National Life LVIP Macquarie US REIT Fund	148,477
* Lincoln		Lincoln National Life LVIP Mondrian Int'l Value	19,620
* Lincoln		Lincoln National Life LVIP SSGA Bond Index	20,001
* Lincoln		Lincoln National Life LVIP SSGA Global Tactical Allocation RPM	19,771
* Lincoln		Lincoln National Life LVIP SSGA S&P 500 Index	3,646,272
* Lincoln		Lincoln National Life LVIP SSGA Small-Cap Index	858,777
* Lincoln		Lincoln National Life LVIP T. Rowe Price 2030	878,840
* Lincoln		Lincoln National Life LVIP T. Rower Price Structured	656,278
* Lincoln		Lincoln National Life LVIP Macquarie Small Cap Value Series	202,746
* Lincoln		Lincoln Neuberger Berman AMT Sustainable Equity Fund	62,661
* Lincoln		Lincoln National Life T. Rowe Price International Stock	211,711
		Guaranteed investment contract – non-fully benefit-responsive:	
* Met Life		MetLife T-Flex	1,801,185
* Met Life		MetLife CT10CI T-Flex	24,973
		Variable annuities:	
* Met Life		MetLife Brighthouse Wellington Balanced (FA0071)	507,096
* Met Life		MetLife Brighthouse Wellington Balanced (FA1071)	22,429
* Met Life		MetLife Stock Index Portfolio (I20015)	154,017
* Met Life		MetLife Stock Index Portfolio (I20071)	163
* Met Life		Jennison Growth Portfolio	185
		Registered investment companies:	
* TIAA-CREF		CREF Core Bond	7,330,572
* TIAA-CREF		CREF Global Equities	28,717,738
* TIAA-CREF		CREF Inflation Linked Bond	4,190,938
* TIAA-CREF		CREF Social Choice	12,554,800
* TIAA-CREF		CREF Equity Index	21,800,028
* TIAA-CREF		CREF Growth	38,990,409
* TIAA-CREF		CREF Money Market	23,369,691
* TIAA-CREF		CREF Stock	162,153,335
		Guaranteed investment contract – non-fully benefit-responsive:	
* TIAA-CREF		TIAA Traditional	206,507,308
		Guaranteed investment contract – fully benefit-responsive:	
* TIAA-CREF		TIAA Traditional Benefit Responsive BR1	23,541
* TIAA-CREF		TIAA Traditional Benefit Responsive 2BR2	1,521,649
		Pooled separate account:	
* TIAA-CREF		TIAA Real Estate	17,621,393
		Guaranteed investment contract – non-fully benefit-responsive:	
* Great West		Stable Value Fund	377,479
		Mutual funds:	
		Ariel Appreciation Fund	78,417
* VALIC		Ariel Fund	148,438
* VALIC		Asset Allocation Fund	119,529
* VALIC		VALIC Core Bond Fund	1,992,895
* VALIC		VALIC Dividend Value	29,454
* VALIC		VALIC Emerging Economics	314,234
* VALIC		VALIC Global Real Estate Fund	203,450
* VALIC		VALIC Government Securities Fund	390,899
* VALIC		VALIC Growth Fund	118,809
* VALIC		GS VIT Government Money Market Fund	110,697
* VALIC		VALIC High Yield Bond Fund	215,680

PLAN NAME: DEFINED CONTRIBUTION RETIREMENT PLAN FOR FACULTY OF THE UNIVERSITY OF MIAMI
 PLAN SPONSOR: UNIVERSITY OF MIAMI
 PLAN SPONSOR EIN: 59-0624458
 PLAN NUMBER: 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2024

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, maturity value	Current value
* VALIC		VALIC Inflation Protected Fund	\$ 620,951
* VALIC		VALIC International Growth Fund	6,785
* VALIC		VALIC International Value Fund	265,952
* VALIC		VALIC International Equities Index Fund	1,134,370
* VALIC		VALIC International Opportunities	106,614
* VALIC		VALIC International Socially Responsible Fund	203,495
* VALIC		VALIC Large Capital Growth	296,013
* VALIC		VALIC Mid-Cap Index Fund	2,523,901
* VALIC		VALIC Mid-Cap Strategic Growth	274,204
* VALIC		VALIC Mid-Cap Value Fund	439,837
* VALIC		VALIC Moderate Growth Lifestyle	54,932
* VALIC		VALIC NASDAQ-100(R.) Index Fund	87,788
* VALIC		VALIC Science & Technology Fund	1,786,451
* VALIC		VALIC Small-Cap Growth Fund	692,592
* VALIC		VALIC Small-Cap Index Fund	1,519,670
* VALIC		VALIC Small-Cap Special Value Fund	71,562
* VALIC		VALIC Small-Cap Value Fund	36,667
* VALIC		VALIC Stock Index Fund	6,358,946
* VALIC		VALIC Systematic Core Fund	846,094
* VALIC		VALIC Systematic Growth Fund	118,108
* VALIC		VALIC Systematic Value Fund	14,731
* VALIC		VALIC Socially Responsible Fund	161,782
* VALIC		Vanguard Lifestrategy Growth	34,077
* VALIC		Vanguard Long-Term Bond Index Fund	32,567
* VALIC		Vanguard Long-Term Investment-Grade Fund	19,734
* VALIC		Vanguard Wellington Fund, Inc.	241,439
* VALIC		Vanguard Windsor II	1,091,640
* VALIC		VALIC VC I Capital Appreciation	255,433
		Guaranteed investment contract – fully benefit-responsive:	
* VALIC		VALIC Fixed Account Plus	10,728,808
* VALIC		VALIC Short Term Fixed Account	511,948
			<u>1,237,095,702</u>
		Contributions receivable	322,521
		Total assets	<u>\$ 1,237,418,223</u>

* Denotes a party in interest.

Note: Cost is omitted because it is not required for participant directed accounts.

The information in this schedule has been certified as to its completeness and accuracy by the custodians of the Plan.