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|---|--|---|
| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection |
|---|--|---|

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

| | |
|---|---|
| 1a Name of plan <u>NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>003</u> |
| 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>NORTHWESTERN UNIVERSITY</u> <u>1800 SHERMAN AVE</u> <u>EVANSTON, IL 60201</u> | 1c Effective date of plan <u>09/01/1974</u> 2b Employer Identification Number (EIN) <u>36-2167817</u> 2c Plan Sponsor's telephone number <u>847-491-7513</u> 2d Business code (see instructions) <u>611000</u> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/18/2025 | SUE RUTHERFORD |
| | 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 checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 18250 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 12219 |
| | 6a(2) | 13658 |
| | 6b | 59 |
| | 6c | 5952 |
| | 6d | 19669 |
| | 6e | 35 |
| | 6f | 19704 |
| | 6g(1) | 12711 |
| 6g(2) | 10619 | |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L 2M 2R 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

(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 | |
| 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 **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

| | | | |
|--|---|--------------|--------|
| b Balance at the end of the previous year | 7b | 3934105 | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 565705 | |
| | 7c(2) | | |
| | 7c(3) | 25703 | |
| | 7c(4) | | |
| | 7c(5) | 118850 | |
| | ▶ TRANSFERS | | |
| (6) Total additions | 7c(6) | 710258 | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 4644363 | |
| e Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 486775 |
| | (2) Administration charge made by carrier | 7e(2) | |
| | (3) Transferred to separate account | 7e(3) | |
| | (4) Other (specify below) | 7e(4) | 376024 |
| ▶ TRANSFERS | | | |
| (5) Total deductions | 7e(5) | 862799 | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 3781564 | |

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 NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN | | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWESTERN UNIVERSITY | | D Employer Identification Number (EIN) 36-2167817 |

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 | 101329 | 3685 | 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 |
|---|--------------------------------------|

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 | 219960612 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 204721447 |
| 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 221647640 |
| c | (1) Contributions deposited during the year | 7c(1) 1669792 |
| | (2) Dividends and credits..... | 7c(2) |
| | (3) Interest credited during the year..... | 7c(3) 8778797 |
| | (4) Transferred from separate account | 7c(4) 24292002 |
| | (5) Other (specify below)..... ▶ OTHER ADDITIONS | 7c(5) 296421 |
| | (6) Total additions | 7c(6) 35037012 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 256684652 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 17510036 |
| | (2) Administration charge made by carrier..... | 7e(2) |
| | (3) Transferred to separate account | 7e(3) 19161961 |
| | (4) Other (specify below)..... ▶ OTHER DEDUCTIONS | 7e(4) 52043 |
| (5) Total deductions | 7e(5) 36724040 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 219960612 |

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. |
|--|--|---|

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

| | | |
|---|--|------------|
| A Name of plan NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWESTERN UNIVERSITY | D Employer Identification Number (EIN) 36-2167817 | |

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 INVSTMNTS INST OPER CO,INC

04-2647786

(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

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

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

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

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

SAVANT CAPITAL MANAGEMENT

45-3812777

| (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 28 50 51 | NONE KNOWN | 74935 | 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)

PLANTE & MORAN, PLLC

33-1498605

| (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? |
|------------------------|---|--|--|--|---|--|
| 10 49 50 | NONE KNOWN | 38074 | 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)

CAPFINANCIAL PARTNERS, LLC

27-6095731

| (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? |
|------------------------|---|--|--|--|---|--|
| 17 26 27 28 50 51 | NONE KNOWN | 28800 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

TIAA

13-1624203

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------|---|--|--|--|---|--|
| 15 17 27 28 38 50 52 54 64 66 | NONE KNOWN | 4500 | 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 type="checkbox"/> |

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

FIDELITY INVSTMNTS INST OPER CO,INC

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? |
|------------------------|---|--|--|--|---|--|
| 37 50 60 64 65 71 | NONE KNOWN | 0 | 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)

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| MET POLICY CREDIT 200 PARK AVENUE NEW YORK, NY 10166 | 0.25% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| METLIFE FIXED-NEW 200 PARK AVENUE NEW YORK, NY 10166 | 0.25% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| METLIFE FIXED-OLD 1 FINANCIAL CTR STE 20 BOSTON, MA 10166 | 0.25% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| INVESCO DEVELOPING MARKETS Y 11 GREENWAY PLAZA, STE 100 HOUSTON, TX 77046 | 0.10% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| AMANA MUTUAL FUND TRUST GROWTH 1300 NORTH STATE ST BELLINGHAM, WA 98225 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| BAIRD AGGREGATE BOND FUND INSTL 777 E. WISCONSIN AVE, 18TH FL MILWAUKEE, WI 53202 | 0.03% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| BLACKROCK STRATEGIC INCOME OPPRTSI 40 EAST 52ND ST NEW YORK, NY 10022 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| BLACKROCK HIGH YIELDPORTFOLIO INSTL 40 EAST 52ND ST NEW YORK, NY 10022 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| BRIDGEWAY OMNI SMALL CAP VALUE 20 GREENWAY PLAZA, STE 450 HOUSTON, TX 77046 | 0.06% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| CALVERT BALANCED FUND CLASS A 4550 MONTGOMERY AVE STE 1000 N BETHESDA, MD 20814 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| DFA INFLATION PROTECTED SEC PORT 6300 BEE CAVES ROAD, BUILDING ONE AUSTIN, TX 78746 | 0.02% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| DFA US LARGE CAP VALUE PRTF INSTL 6300 BEE CAVES ROAD, BUILDING ONE AUSTIN, TX 78746 | 0.02% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| DFA DIVERSIFIED FIX INCOME PORT INS 6300 BEE CAVES ROAD, BUILDING ONE AUSTIN, TX 78746 | 0.02% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| DFA U.S. LARGE CAP EQUITY PORT INST 6300 BEE CAVES ROAD, BUILDING ONE AUSTIN, TX 78746 | 0.02% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| DFA GLOBAL REAL ESTATE SEC PORTFOLI 6300 BEE CAVES ROAD, BUILDING ONE AUSTIN, TX 78746 | 0.02% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| DOUBLELINE CORE FIXED INCOME FD CL 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| FPA CRESCENT FUND 11601 WILSHIRE BLVD, STE 1200 LOS ANGELES, CA 90025 | 0.35% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| FIRST EAGLE GLOBAL CLASS I 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK, NY 10105 | 0.15% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| GOLDMAN SACHS GLOBAL CORE FIXED INC 71 S. WACKER DR, 4TH FL CHICAGO, IL 60606 | 0.07% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| OAKMARK INTL ADVISOR FUND 111 SOUTH WACKER DR. CHICAGO, IL 60606 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| JANUS HENDERSON GL LIFE SCIENCES T 151 DETROIT ST. DENVER, CO 80206 | 0.35% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| JPMORGAN SMALL CAP EQUITY FND CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| JPMORGAN CORE BOND CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| JPMORGAN CORE PLUS BOND CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240 | 0.15% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| MFS INTERNATIONAL GROWTH FD CL I 111 HUNTINGTON AVE BOSTON, MA 02199-7632 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| NYLI MACKAY HIGH YIELD CORP BD CL I 30 HUDSON ST, 23RD FL ARLINGTON, NJ 07032 | 0.10% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| TCW METWEST TOTAL RETURN BOND CLASS 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071 | 0.10% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| MORGAN STA INST INC. INCEPTION PORT 522 FIFTH AVE, 4TH FL NEW YORK, NY 10036 | 0.10% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| EVENTIDE HEALTHCARE AND LIFE SCIENC 80 ARKAY STE 110 HAUPPAUGE, NY 11788 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| PIMCO INTL BD FD U SDOLLAR-HEDGED A 1633 BROADWAY NEW YORK, NY 10019 | 0.40% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| BITCOIN STRATEGY FD INVESTOR 7501 WISCONSIN AVE BETHESDA, MD 20814 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| BOSTON PARTNERS ALL CAP VALUE INVS 223 WILMINGTON W CHESTER PIKE 216 CHADDS FORD, PA 19317 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| SEGALL BRYANT HAMILL PLUS BOND INST 370 17TH ST, STE 5000 DENVER, CO 80202 | 0.15% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| SPROTT GOLD EQUITY FUND INSTL 200 BAY ST, STE 2600 TORONTO, ONTARIO M5J 2J1 CA | 0.12% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| TCW EMERGING MARKETS INCOME CL N 865 S FIGUERA ST, 22ND FL LOS ANGELES, CA 90071 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| THOMPSON BOND FUND 1255 FOURIER DR STE 200 MADISON, WI 53717 | 0.25% | |

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 INVSTMNTS INST OPER CO,INC | 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. | |
| GOLD AND PRECIOUS METALS FUND 3 CANAL PLAZA, STE 600 PORTLAND, ME 04101 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| WASATCH EMERGING INDIA FUND 505 WAKARA WAY, STE 300 SALT LAKE CITY, UT 84108 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVSTMNTS INST OPER CO,INC | 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. | |
| ALLSPRING CORE PLUS BOND FUND INST 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105 | 0.15% | |

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. |
|---|--|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN</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>NORTHWESTERN UNIVERSITY</u> | D Employer Identification Number (EIN) <u>36-2167817</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) |
|---------------|--|

| | | |
|--|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE ACCOUNT</u> | | |
| b Name of sponsor of entity listed in (a): <u>TEACHERS INSURANCE & ANNUITY ASSOCIATION OF AMERICA</u> | | |
| c EIN-PN <u>13-1624203-004</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21396304</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)

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

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWESTERN UNIVERSITY | D Employer Identification Number (EIN) 36-2167817 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 23 | 0 |
| 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) | 1697319 | 1904469 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | 22905123 | 21396304 |
| (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) | 822361291 | 940925456 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 225581745 | 223742176 |
| (15) Other | 1c(15) | 25037562 | 29511712 |

| 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 | 1097583063 | 1217480117 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 0 | 55 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 55 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 1097583063 | 1217480062 |

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) | | |
| (B) Participants..... | 2a(1)(B) | 47978872 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 10001073 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 57979945 |
| 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) | 128467 | |
| (F) Other..... | 2b(1)(F) | 9190279 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 9318746 |
| (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) | 27199611 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 27199611 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |

| | (a) 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) | -918513 |
| (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) | 91135583 |
| c Other income | 2c | 3414688 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | 188130060 |

Expenses

| | | |
|--|--------|----------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 67296930 |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 937562 |
| (3) Other..... | 2e(3) | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 68234492 |
| f Corrective distributions (see instructions) | 2f | 33276 |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | 11465 |
| h Interest expense..... | 2h | |
| i Administrative expenses: | | |
| (1) Salaries and allowances | 2i(1) | |
| (2) Contract administrator fees | 2i(2) | 4500 |
| (3) Recordkeeping fees | 2i(3) | |
| (4) IQPA audit fees | 2i(4) | 38074 |
| (5) Investment advisory and investment management fees | 2i(5) | 119417 |
| (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) | 3457 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 165448 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | 68444681 |

Net Income and Reconciliation

| | | |
|--|-------|-----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | 119685379 |
| l Transfers of assets: | | |
| (1) To this plan..... | 2l(1) | 211620 |
| (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: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

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 | | 5000000 |
| 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>NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHWESTERN UNIVERSITY</u> | D Employer Identification Number (EIN) <u>36-2167817</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): 13-1624203 04-2647786

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 _____.

Northwestern University Voluntary Savings Plan

Financial Report
December 31, 2024

Northwestern University Voluntary Savings Plan

Contents

| | |
|--|------|
| Independent Auditor's Report | 1-2 |
| Statement of Net Assets Available for Benefits | 3 |
| Statement of Changes in Net Assets Available for Benefits | 4 |
| Notes to Financial Statements | 5-11 |
| Schedule of Assets Held at End of Year | 12 |

Independent Auditor's Report

To the Plan Administrator
Northwestern University Voluntary Savings Plan

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

We were engaged to perform audits of the financial statements of Northwestern University Voluntary Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement 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 (DOL) 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 DOL'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 matter described in the *Basis for Disclaimer of Opinion* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

As described in Note 4, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The Plan has not maintained sufficient accounting records and supporting documents relating to these annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

To the Plan Administrator
Northwestern University Voluntary Savings Plan

Emphasis of Matter

As explained in Note 7, the financial statements include investments valued at approximately \$54 million (4 percent of net assets) at December 31, 2024 and \$56 million (5 percent of net assets) at December 31, 2023, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by TIAA-CREF. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Management is 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 that may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at end of year as of December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* section, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Plante & Moran, PLLC

Schaumburg, Illinois
September 11, 2025

Northwestern University Voluntary Savings Plan

Statement of Net Assets Available for Benefits

| | December 31, 2024 and 2023 | |
|--|-----------------------------------|--------------------------------|
| | <u>2024</u> | <u>2023</u> |
| Assets | | |
| Participant-directed investments: | | |
| Investments - At fair value (Note 7) | \$ 1,024,001,248 | \$ 903,286,701 |
| Investments - At contract value (Note 6) | <u>191,574,400</u> | <u>192,599,020</u> |
| Total participant-directed investments | 1,215,575,648 | 1,095,885,721 |
| Participant notes receivable | 1,904,469 | 1,697,319 |
| Other assets | <u>-</u> | <u>23</u> |
| Total assets | 1,217,480,117 | 1,097,583,063 |
| Liabilities - Other payables | <u>55</u> | <u>-</u> |
| Net Assets Available for Benefits | <u>\$ 1,217,480,062</u> | <u>\$ 1,097,583,063</u> |

Northwestern University Voluntary Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions

| | |
|--|-------------------|
| Contributions: | |
| Employee | \$ 47,978,872 |
| Rollovers | <u>10,001,073</u> |
| Total contributions | 57,979,945 |
| Investment income: | |
| Interest and dividends | 37,757,644 |
| Net realized and unrealized gains on investments | <u>92,264,004</u> |
| Total investment income | 130,021,648 |
| Interest from participant notes receivable | <u>128,467</u> |
| Total additions | 188,130,060 |

Deductions

| | |
|---|-------------------|
| Benefits paid directly to participants or beneficiaries | 67,341,671 |
| Purchase of annuity contracts | 937,562 |
| Administrative expenses | <u>165,448</u> |
| Total deductions | <u>68,444,681</u> |

Net Increase before Other Changes

119,685,379

Transfer in from the Northwestern University Retirement Plan

211,620

Net Increase

119,896,999

Net Assets Available for Benefits

| | |
|-------------------|--------------------------------|
| Beginning of year | <u>1,097,583,063</u> |
| End of year | <u><u>\$ 1,217,480,062</u></u> |

December 31, 2024 and 2023

Note 1 - Plan Description

The following description of Northwestern University Voluntary Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a voluntary contributory employee benefit plan, which allows for tax-advantage retirement savings for public and private education organizations. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees, except for non-resident aliens with no U.S. source income or no income subject to U.S. income tax, of Northwestern University (the "University") may participate in the Plan on the first day of employment.

Contributions

The Plan provides for employee salary deferral contributions up to a maximum of 75 percent of their pretax or post-tax annual compensation and additional catch-up contributions for participants age 50 or older, as defined in the Plan, subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants are also able to make Roth contributions and contributions to the Plan in the form of a rollover of funds from another qualified plan.

Participant Accounts

Each participant's account is credited with the participant's contributions, any rollover amounts, and plan earnings and charged with withdrawals and an allocation of administrative expenses. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by Fidelity Management Trust Company (Fidelity) and Teachers Insurance and Annuity Association (TIAA) and College Retirement Equities Fund (CREF) (collectively, TIAA-CREF) in accordance with plan documents.

Investment options include a self-directed brokerage option that allows participants to invest in their choice of investments, including mutual funds. Investments in the self-directed brokerage option are brokered by Fidelity and TIAA-CREF.

Benefit Payments

Upon retirement, death, or termination of employment, the participant (or, in the case of death, the beneficiary) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or various installment annuities based on the participant's marital status and the terms allowed under each investment fund in which the participant's account is invested. Prior to termination of service, the participant may receive distributions of employee and rollover contributions under certain circumstances, as defined. Certain amounts invested in the TIAA Traditional Annuity may not be distributed in a lump sum (see redemption restrictions below).

Participants may request that all or a portion of their accounts be distributed in the case of financial hardship, as defined in the plan document.

Vesting

Participants are fully vested at all times and are not subject to forfeiture for any reason on their contributions and related earnings.

December 31, 2024 and 2023

Note 1 - Plan Description (Continued)

Participant Notes Receivable

Participants may borrow from their accounts using their account balances as collateral for the loan. Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balances, as prescribed in the Plan and in the Internal Revenue Code. Loan terms range from 1 to 5 years or up to 10 years for the purchase of the participant's primary residence. Notes receivable bear interest at fixed rates commensurate with local prevailing rates at the time the funds are borrowed determined quarterly by Fidelity and TIAA-CREF. Principal and interest are paid directly to Fidelity and TIAA-CREF.

Redemption Restrictions

Certain contracts under the TIAA Traditional Annuity investment have limits on the ability of the participant to transfer or withdraw from the fund. Transfers and withdrawals from the Retirement Annuity (RA) and Transfer Payout Annuity (TPA) contracts must be paid out in 10 annual installments. The remaining contracts under the TIAA Traditional Annuity investment do not have restrictions related to transfers and withdrawals.

Plan Transfers

Transfers, as directed by participants, represent funds that are moved (transferred) between Northwestern University Voluntary Savings Plan and the Northwestern University Retirement Plan.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Fidelity; TIAA-CREF; and TIAA Trust, N.A. (formerly known as TIAA, FSB) or their affiliates. TIAA-CREF is a service provider of the Plan, and Fidelity and TIAA Trust, N.A. are custodians of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Termination

While it has not expressed any intent to do so, the University has the right under the Plan to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation and Income

The Plan's investments are stated at fair value except as noted below.

The pooled separate account and the variable annuity contracts are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. The pooled separate account consists primarily of rental property subject to long-term leases and has been estimated on the basis of future rental receipts and estimated residual values discounted at interest rates commensurate with risks involved.

The guaranteed investment contract (GIC) is a group annuity contract with MetLife Insurance Company (MetLife) that invests in the general assets of MetLife. MetLife considers this contract to be benefit responsive. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

The TIAA Traditional Annuity is a guaranteed annuity account issued by TIAA that invests in the general assets of TIAA. TIAA considers the following contracts to be benefit responsive: Supplemental Retirement Annuity (SRA), Group Supplemental Retirement Annuity (GSRA), and Retirement Choice Plus (RCP). TIAA considers the following contracts to be non-benefit responsive: RA, Interest Payment (IP), Retirement Loan Contracts, and TPA. The benefit-responsive contracts are valued at contract value. The non-benefit-responsive contracts are valued at fair value. Since there are no specific securities in TIAA's general account related to these contracts, contract value is the best estimate of fair value for the non-benefit-responsive contracts. Contract value represents principal invested, plus interest earned, less any withdrawals.

Additionally, the Plan allows participants to invest in self-directed brokerage accounts. The self-directed brokerage accounts include various investments in publicly traded securities, including mutual funds. The self-directed brokerage accounts and mutual funds are valued based on quoted market prices.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

See Note 7 for additional information.

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

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Delinquent participant notes receivable are recorded as distributions based on the terms of the plan document.

Benefit Payments

Benefits are recorded when paid. There were benefit payments requested but not paid (due to redemption restrictions) totaling \$3,423,494 and \$2,613,714 as of December 31, 2024 and 2023, respectively.

Administrative Expenses

Various administrative costs are paid by the University and the Plan.

Allocated Contracts

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 11, 2025, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

Fidelity; TIAA-CREF; and TIAA Trust, N.A. hold certain of the Plan's investments and participant notes receivable and execute certain related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and schedule of assets held at end of year are based solely on information certified by Fidelity; TIAA-CREF; and TIAA, as agent for TIAA Trust, N.A.

The Plan has excluded certain assets from the statement of net assets available for benefits at December 31, 2024 and 2023 (see Note 4).

Note 4 - Excluded Investments

The Plan has excluded from investments in the accompanying statement of net assets available for benefits as of December 31, 2024 and 2023 certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Note 5 - Tax Status

The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan has not yet requested or received a determination letter.

Note 6 - Investment Contracts

Based on the terms of the contracts, a portion of the TIAA Traditional Annuity totaling \$219,960,612 and \$221,647,640 at December 31, 2024 and 2023, respectively, is considered benefit responsive. The benefit-responsive portion totaled \$187,792,836 and \$188,664,915 at December 31, 2024 and 2023, respectively. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

December 31, 2024 and 2023

Note 6 - Investment Contracts (Continued)

Interest is credited on contract balances using a vintage approach. Under this methodology, TIAA groups the dollars it receives over defined time periods into vintages and determines a crediting rate for the applicable vintage. Interest crediting rates are determined during the accumulation phase of the applicable declaration year. When establishing interest crediting rates for this product, TIAA considers many factors, including the net investment earnings rate of the TIAA assets supporting that vintage, administrative expenses during the time period, and required contingency reserves. The minimum crediting rate for the benefit-responsive contracts is generally 3 percent; however, in some recent contracts, it is between 1 percent and 3 percent.

The Plan has a benefit-responsive investment contract with MetLife totaling \$3,781,564 and \$3,934,105 at December 31, 2024 and 2023, respectively. MetLife maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates generally renew annually. When establishing interest crediting rates for this product, MetLife considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account. The minimum crediting rate under the contract may not be less than 3 percent.

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time for both the TIAA and MetLife contracts. There are no events that allow the issuer to terminate the contract and that require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time for both the TIAA and MetLife contracts.

Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

The Plan has excluded certain assets from the statement of net assets available for benefits at December 31, 2024 and 2023 (see Note 4).

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Note 7 - Fair Value Measurements (Continued)

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the included plan assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

| | Assets Measured at Fair Value on a Recurring Basis at December 31, 2024 | | |
|--|--|-----------------------|----------------------|
| | Investments (at Fair Value) | Level 1 | Level 2 |
| Mutual funds | \$ 757,600,313 | \$ 757,600,313 | \$ - |
| Self-directed accounts | 29,511,712 | 29,511,712 | - |
| Non-benefit-responsive traditional annuities | 32,167,776 | - | 32,167,776 |
| Total | 819,279,801 | \$ 787,112,025 | \$ 32,167,776 |
| Investments measured at NAV: | | | |
| Variable annuity contracts: | | | |
| Balanced (3) | 19,184,209 | | |
| Domestic equity (1) | 139,464,800 | | |
| Fixed income (2) | 7,175,705 | | |
| International equity (1) | 11,817,465 | | |
| Money market (4) | 5,682,964 | | |
| Pooled separate account | 21,396,304 | | |
| Total investments at fair value | \$ 1,024,001,248 | | |

Northwestern University Voluntary Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 7 - Fair Value Measurements (Continued)

| | Assets Measured at Fair Value on a Recurring Basis at December 31, 2023 | | |
|--|--|----------------|---------------|
| | Investments (at Fair Value) | Level 1 | Level 2 |
| Mutual funds | \$ 652,904,417 | \$ 652,904,417 | \$ - |
| Self-directed accounts | 25,037,562 | 25,037,562 | - |
| Non-benefit-responsive traditional annuities | 32,982,725 | - | 32,982,725 |
| Total | 710,924,704 | \$ 677,941,979 | \$ 32,982,725 |
| Investments measured at NAV: | | | |
| Variable annuity contracts: | | | |
| Balanced (3) | 18,394,381 | | |
| Domestic equity (1) | 122,460,690 | | |
| Fixed income (2) | 7,588,913 | | |
| International equity (1) | 10,634,868 | | |
| Money market (4) | 10,378,022 | | |
| Pooled separate account | 22,905,123 | | |
| Total investments at fair value | \$ 903,286,701 | | |

- (1) This class represents investments in actively managed variable annuity contracts that invest primarily in equity securities, which may include common stocks, options, and futures. There were no unfunded commitments and no redemption limitations or notice periods.
- (2) This class represents investments in actively managed variable annuity contracts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. There were no unfunded commitments and no redemption limitations or notice periods.
- (3) This class represents an investment in an actively managed variable annuity contract with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. There were no unfunded commitments and no redemption limitations or notice periods.
- (4) This class represents investments in an actively managed variable annuity contract that invests primarily in money market funds that seek high current income consistent with maintaining liquidity and preserving capital. There were no unfunded commitments and no redemption limitations or notice periods.

Plan: 22688

NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN

Run Date: 05/02/2025

SCHEDULE C SUPPLEMENTAL REPORT

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

| SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i> | SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i> | AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i> | NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i> | EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i> | DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i> |
|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MET POLICY CREDIT | 200 Park Avenue NEW YORK NY US 10166 | 0.25% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | METLIFE FIXED-NEW | 200 Park Avenue NEW YORK NY US 10166 | 0.25% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | METLIFE FIXED-OLD | 200 Park Avenue NEW YORK NY US 10166 | 0.25% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | INVESCO DEVELOPING MARKETS Y | 11 GREENWAY PLAZA STE 100 HOUSTON TX US 77046 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | AMANA MUTUAL FD TRUST GROWTH | 1300 NORTH STATE ST BELLINGHAM WA US 98225 | 0.40% |

Plan: 22688

NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BAIRD AGGREGATE BOND FD INSTL | 777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202 | 0.03% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BLACKROCK STRATEGIC INC OPPRTSI | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BLACKROCK HIGH YIELDPORTFOLIO INSTL | 40 EAST 52ND ST NEW YORK NY US 10022 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BRIDGEWAY OMNI SM CAP VALUE | 20 GREENWAY PLAZA STE 450 HOUSTON TX US 77046 | 0.06% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | CALVERT BALANCED FD CL A | 4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814 | 0.40% |

Plan: 22688

NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DFA INFLATION PROTECTED SEC PORT | 6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746 | 0.02% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DFA US LRG CAP VALUE PRTF INSTL | 6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746 | 0.02% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DFA DIVERSIFIED FIX INC PORT INS | 6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746 | 0.02% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DFA U.S. LRG CAP EQUITY PORT INST | 6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746 | 0.02% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DFA GLOBAL REAL ESTATE SEC PORTFOLI | 6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746 | 0.02% |

Plan: 22688

NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | DOUBLELINE CORE FIXED INC FD CL | 777 EAST WISCONSIN AVE MILWAUKEE WI US 53202 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FPA CRESCENT FD | 11601 WILSHIRE BLVD STE 1200 LOS ANGELES CA US 90025 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | FIRST EAGLE GLOBAL CL I | 1345 AVE OF THE AMERICAS 48TH FLR NEW YORK NY US 10105 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GOLDMAN SACHS GLOBAL CORE FIXED INC | 71 S. WACKER DR 4TH FL CHICAGO IL US 60606 | 0.07% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | OAKMARK INTL ADVISOR FD | 111 SOUTH WACKER DR. CHICAGO IL US 60606 | 0.15% |

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JANUS HENDERSON GL LIFE SCIENCES T | 151 DETROIT ST. DENVER CO US 80206 | 0.35% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JPMORGAN SM CAP EQUITY FND CL | 1111 POLARIS PARKWAY COLUMBUS OH US 43240 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JPMORGAN CORE BOND CL I | 1111 POLARIS PARKWAY COLUMBUS OH US 43240 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | JPMORGAN CORE PLUS BOND CL I | 1111 POLARIS PARKWAY COLUMBUS OH US 43240 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MFS INTERNATIONAL GROWTH FD CL I | 111 HUNTINGTON AVE BOSTON MA US 021997632 | 0.15% |

Plan: 22688

NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | NYLI MACKAY HIGH YIELD CORP BD CL I | 30 HUDSON ST 23RD FL ARLINGTON NJ US 07032 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TCW METWEST TOTAL RETURN BOND CL | 865 S FIGUEROA ST 1400 LOS ANGELES CA US 90071 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | MORGAN STA INST INC. INCEPTION PORT | 522 FIFTH AVE 4TH FL NEW YORK NY US 10036 | 0.10% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | EVENTIDE HEALTHCARE AND LIFE SCIENC | 80 ARKAY STE 110 HAUPPAUGE NY US 11788 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | PIMCO INTL BD FD U SDOLLAR HEDGED A | 1633 BROADWAY NEW YORK NY US 10019 | 0.40% |

Plan: 22688

NORTHWESTERN UNIVERSITY VOLUNTARY SAVINGS PLAN

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BITCOIN STRATEGY FD INVT | 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA MD US 20814 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | BOSTON PARTNERS ALL CAP VALUE INVS | 223 WILMINGTON W CHESTER PIKE 216 CHADDS FORD PA US 19317 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | SEGALL BRYANT HAMILL PLUS BOND INST | 370 17TH ST STE 5000 DENVER CO US 80202 | 0.15% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | SPROTT GOLD EQUITY FD INSTL | 200 BAY ST STE 2600 TORONTO CA | 0.12% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | TCW EMERGING MARKETS INC CL N | 865 S FIGUERA ST 22ND FL LOS ANGELES CA US 90071 | 0.40% |

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|---|--|---|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | THOMPSON BOND FD | 1255 FOURIER DR STE 200 MADISON WI US 53717 | 0.25% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | GOLD AND PRECIOUS METALS FD | 3 CANAL PLAZA STE 600 PORTLAND ME US 04101 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | WASATCH EMERGING INDIA FD | 505 WAKARA WAY STE 300 SALT LAKE CITY UT US 84108 | 0.40% |
| FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC. | 60 | \$0 | ALLSPRING CORE PLUS BOND FD INST | 525 MARKET ST MAC A0103 122 SAN FRANCISCO CA US 94105 | 0.15% |

Northwestern University Voluntary Savings Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 36-2167817, Plan No. 003
 December 31, 2024

| (a)(b) Identity of Issuer | (c) Description of Investment | (d) Cost | (e) Current Value |
|-------------------------------------|---|-------------|-------------------------|
| METLIFE Fixed | Guaranteed income contract (GIC) | * | \$ 3,781,564 |
| TIAA-CREF Self Directed Acct** | Self-directed accounts | * | 1,992,272 |
| BROKERAGELINK** | Self-directed accounts | * | 27,519,440 |
| American EuroPac Growth R6 | Mutual fund | * | 11,086,657 |
| Vanguard Inst Idx Inst Plus | Mutual fund | * | 152,175,980 |
| Vanguard Federal Money Mkt Inv | Mutual fund | * | 14,606,139 |
| Vanguard Ttl Intl Stk Idx Inst | Mutual fund | * | 15,437,071 |
| Vanguard Ttl Bd Mkt Idx Inst | Mutual fund | * | 16,506,163 |
| BlackRock Lifepath Idx Ret K | Mutual fund | * | 59,918,469 |
| Dodge & Cox Income X | Mutual fund | * | 14,257,420 |
| BlackRock Lifepath Idx 2030 K | Mutual fund | * | 39,762,997 |
| BlackRock Lifepath Idx 2035 K | Mutual fund | * | 47,287,024 |
| BlackRock Lifepath Idx 2040 K | Mutual fund | * | 48,047,419 |
| BlackRock Lifepath Idx 2045 K | Mutual fund | * | 39,313,041 |
| BlackRock Lifepath Idx 2050 K | Mutual fund | * | 29,565,833 |
| BlackRock Lifepath Idx 2055 K | Mutual fund | * | 17,078,020 |
| BlackRock Lifepath Idx 2060 K | Mutual fund | * | 10,195,568 |
| JPMorgan Large Cap Growth R6 | Mutual fund | * | 10,722,713 |
| Vanguard Short-Trm Bd Idx Inst | Mutual fund | * | 13,309,451 |
| Vanguard Small-Cap Val Idx Inst | Mutual fund | * | 6,714,606 |
| John Hancock Disciplnd Val R6 | Mutual fund | * | 25,721,019 |
| MFS Mid Cap Value Class R6 | Mutual fund | * | 13,151,096 |
| MassMutual Sel Mid Cap Gr Eq II I | Mutual fund | * | 8,701,120 |
| Loomis Sayles Sm Cap Growth N | Mutual fund | * | 3,453,414 |
| American Funds New World R6 | Mutual fund | * | 4,954,812 |
| Vanguard Extend Mk Idx Inst PI | Mutual fund | * | 26,871,231 |
| Vanguard PRIMECAP Adm | Mutual fund | * | 94,938,999 |
| Vanguard FTSE Social Idx Fund | Mutual fund | * | 6,776,119 |
| Vanguard Total Int St Ix IsPls | Mutual fund | * | 20,018,148 |
| Principal Real Estate Securities R6 | Mutual fund | * | 1,964,587 |
| Fidelity Diversified Intl K6** | Mutual fund | * | 5,065,197 |
| TIAA Real Estate** | Pooled separate account | * | 21,396,304 |
| TIAA Traditional Annuity** | Traditional annuities | * | 219,960,612 |
| CREF Stock R3** | Variable annuity contract | * | 100,824,626 |
| CREF Money Market R3** | Variable annuity contract | * | 5,682,963 |
| CREF Social Choice R3** | Variable annuity contract | * | 19,184,209 |
| CREF Core Bond 3** | Variable annuity contract | * | 4,739,743 |
| CREF Global Equities R3** | Variable annuity contract | * | 11,817,465 |
| CREF Growth R3** | Variable annuity contract | * | 24,344,111 |
| CREF Equity Index R3** | Variable annuity contract | * | 14,296,065 |
| CREF Inflation-Linked Bond R3** | Variable annuity contract | * | 2,435,961 |
| Various participants** | Participant notes receivable with interest rates ranging from 3.25 percent to 9.50 percent. | - | 1,904,469 |
| Total | | | \$ 1,217,480,117 |

*Cost information not required

**Party in interest